U.S. ARMY-BAYLOR UNIVERSITY

GRADUATE PROGRAM IN HEALTH CARE ADMINISTRATION

GRADUATE MANAGEMENT PROJECT

CIVILIAN EMPLOYEE OPINION AND SATISFACTION

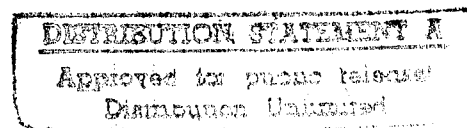# ASSESSMENT AT NAVAL HOSPITAL, JACKSONVILLE, FLORIDA

IN PARTIAL FULFILLMENT

OF REQUIREMENTS FOR

THE ADMINISTRATIVE RESIDENCY

BY

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This study examined the degree to which Naval Hospital, Jacksonville, Florida, as an organizational entity, engenders a work environment in which civilian employees are reasonably satisfied, informed, utilized, and included in command operations and functions. Civilian staff members are often key to providing some measure of stability and "corporate memory" to a military medical facility with its largely transient core of military staff members.

Although positive steps have been implemented over the past two years at the command to improve the work environment for all staff, this study has shown that there are still additional efforts needed. The goal should be continuous improvement--in the opportunities available for civilian employees, their involvement in the organization, recognition of their accomplishments, and concern for their unique needs in contrast to the military staff.

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ABSTRACT

This study examined the degree to which Naval Hospital, Jacksonville, Florida, as an organizational entity, engender a work environment in which civilian employees are reasonably satisfied, informed, utilized, and included in command operations and functions. Civilian staff members are often key to providing some measure of stability and "corporate memory" to a military medical facility with its largely transient core of military staff members.

The project was designed to assess the attitudes and opinions of civilian employees regarding seven assessment dimensions - job satisfaction, supervision, advancement and recognition, organizational involvement and communication, equal opportunity, training, and command support and commitment - as well as overall satisfaction within the organization. Data compilation was accomplished through the use of a seventy-seven item, author-designed questionnaire which received an almost *sixty-nine percent* response rate (357 of 518).

Almost *two-thirds of the respondents expressed overall satisfaction* (64%), with dimension scale satisfaction rates ranging from 85% for job satisfaction to a low of 31% for the advancement and recognition scale. As evidenced by the excellent response to the survey and their overall high satisfaction rate, most civilian employees are extremely motivated and want to be involved in improving the organization. I believe many dedicated, hard-working civilian employees see their work at the Naval Hospital as their career in much the same way as many military members view their role in the Navy.

Although positive steps have been implemented over the past two years at the command to improve the work environment for all staff, this study has shown that there are still additional efforts needed. The goal should be continuous improvement--in the opportunities available for civilian employees, their involvement in the organization, recognition of their accomplishments, and concern for their unique needs in contrast to the military staff.

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CHAPTER 1

INTRODUCTION

Conditions Which Prompted the Study

As with most medium to large size military hospitals, civilian personnel compromise a large percentage of the staff at Naval Hospital, Jacksonville, Florida (NHJAX). The Naval Hospital and its six branch medical clinics (fig. 1) employ over five hundred Federal civil service employees, comprising almost one-third of the total staff. Table 1 provides a numeric and percentage breakdown of all NHJAX staff.
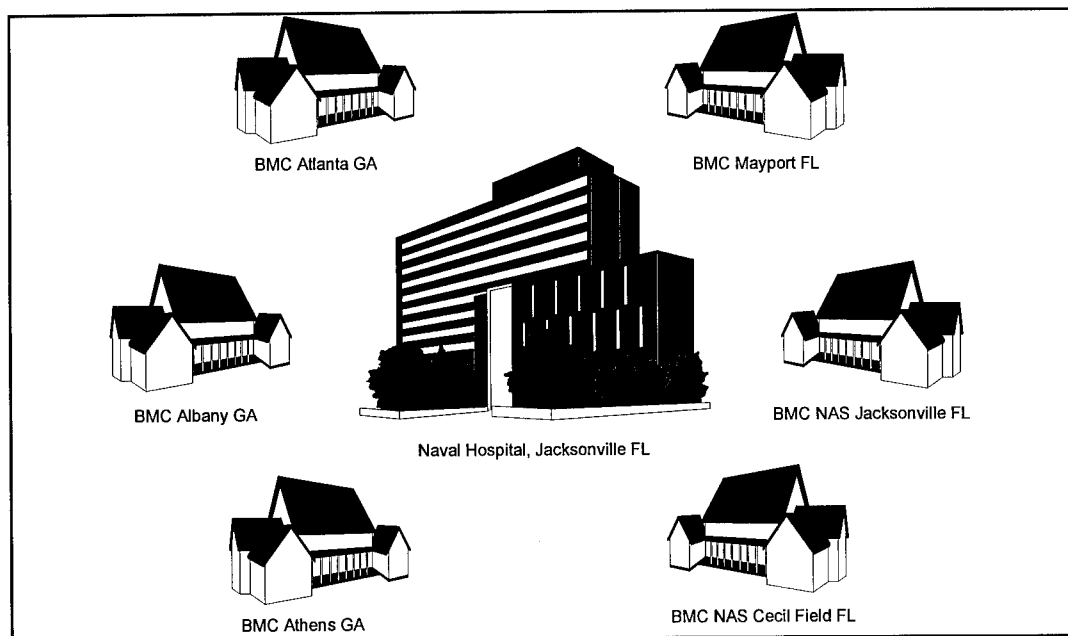
Fig. 1. Naval Hospital, Jacksonville, Florida, and Branch Medical Clinics.

Table 1.--Military and civilian staffing at Naval Hospital,
Jacksonville, Florida (February 1994)

Staff Category	Hospital	Branch Clinics	Total	Percent of Total
Officer	286	41	327	19.5%
Enlisted	586	244	830	49.6%
Civilian	413	105	518	30.9%
TOTAL	1285	390	1675	100.0%

Civilian staff members are often key to providing some measure of stability and "corporate memory" to a military medical facility with its largely transient core of military staff members. Those same civilian employees, in both front-line worker and higher echelon supervisory positions, can help ease the job transition of newly assigned military personnel, explain the rationale and history behind current policies and procedures, and provide essential coverage in cases of military personnel billet gaps.

One seemingly sure way for management to garner morale and productivity problems in an organization is to ignore the needs and concerns of their employees. As a large and important group of employees within miltary hospitals, the expertise, advice, and participation of civil service staff must not be overlooked in establishing policies. While that is not necessarily the case at NHJAX, little has been formally done on a command-wide basis to assess the opinions and interests of civilian staff members, and merge their ideas into the structure of organizational goals.

Separate "Captain's Calls" with civilian personnel have been held periodically in conjunction with scheduled military group meetings with the Commanding Officer. However, there have been no formal, organized analyses, surveys, or work environment assessments aimed specifically at civilian personnel over the past several years with the exception of short equal opportunity (EO) questionnaires which have occasionally been distributed. The last EO survey in 1991 consisted of a twenty-four question form for which there were less than eighty respondents out of the five hundred employed. That limited survey did identify a number of potential issues, including:

* Poor civilian and military personnel interactions,

* Complaints of an unfair performance appraisal system,

* Inadequate recognition for achievements, and

* Lack of inclusion of civilian employees in command activities.

However, there was no substantive further documentation or corrective actions for these perceived deficiencies. Although the limited emphasis on formal assessments does not necessarily indicate the presence of unresolved problems or issues, their presence cannot be ruled out simply because the "questions" have not been asked.

In contrast, military organizations routinely assess and address the opinions and concerns of military staff members through a number of avenues. Captain's Calls, as previously mentioned, are held periodically and the Command Master Chief meets

regularly with enlisted personnel groups to discuss current issues. Command Assessment Team (CAT) evaluations are perfromed to assess military personnel attitudes and concerns regarding equal opportunity, command involvement, advancement issues, and the work environment. Broad-based opinion and attitude surveys are also administered periodically Navy-wide to gather input from military members. While civilian employees may occasionally be asked to participate in these events, the primary focus is on military personnel and their issues and concerns.

Question Statement

So what attitudes do civilian personnel maintain about their jobs and this organization? Are they knowledgeable about current command goals and directions? Do existing communication strategies and methods adequately ensure that employees are informed about issues and changes in procedure? Are employees appropriately recognized for accomplishments? Do they have a reasonable opportunity to participate in the full range of command activities? In combination, these questions point to the focus of this study. In essence, the formal study question is:

> **To what degree does Naval Hospital, Jacksonville, as an organizational entity, engender a work environment in which civilian employees are reasonably satisfied, informed, utilized, and included in command operations and functions.**

It is highly unlikely that any employee assessment study would fail to identify some who are dissatisfied for one reason or another, especially in a large organization. However, I do think

that it is critical for the management team of any organization to actively lead the promotion and maintenance of a suitable employment climate which fulfills the needs of individual employees, as well as the needs of the organization itself. While a single employee survey is unlikely to accomplish those goals by itself, regular surveys, coupled with other initiatives, can serve to enhance the organizational climate and promote improved interpersonal relations and job effectiveness (Turnipseed 1990).

Literature Review

The literature is replete with articles and studies about the purpose and usefulness of conducting employee surveys (Davidson 1979; Felty 1981; Hamilton 1985; Nees 1981-82; Slote 1983; Turnipseed 1990). While Felty emphasizes surveys as an opportunity for employees to voice their opinions, Hamilton, Nees, and Slote each focus on the survey process as a way to identify and diagnose organizational problems. These aims are complementary, however, rather than contradictory. The survey process allows employees to point out potential or actual organizational problems which may not be readily apparent to senior management, and provides the employees an avenue to express more personal concerns and desires. Typical of the opinions expressed by all of these authors is the sentiment that strong communications are integral to organizational

effectiveness and overall employee satisfaction. Another author states it this way:

> The better the state of employee communications within the organization, the smaller the amount of misinformation carried by the grapevine. (McConnell 1987, 72)

The survey process itself, as well as the active involvement of employees in solving problems uncovered by anaylsis of the survey data, can help open and maintain those critical communication lines at many levels throughout the organization.

Pitfalls with typical employee attitude surveys are also widely discussed in the literature (Cooper 1982; Eubanks 1990; Fonvielle 1982; Lombardi 1991; Wymer and Parente 1991/92) and agreement seems to focus on several key areas where surveys often fail. Cooper (1982, 57) outlined several steps to limit problems associated with traditional approaches and his view seems to be representative of many of the other authors' assessments. He states:

* Secure input and commitment of key decision makers before any survey instrument is designed.

* Survey all employees.

* Compare results with norms in competitive companies and other industries.

* Provide a thorough interpretive report and an executive briefing session with overview, discussion of findings, and concrete business recommendations.

* Establish priorities for action based on organizational weaknesses uncovered by the survey.

* Implement change rapidly.

Each of these elements seems to be a critical factor in the success of the survey process if reasonable benefits are to be gained. Ensuring that the process is carried out properly is especially important in view of the amount of time, effort and financial resources which may be expended in the employee survey process.

In a multinational study to assess hospital employee motivation, Alpander (1985) developed nine elements based on three widely researched content theories, including Maslow's "Need Hierarchy Theory," Atkinson and McClellands' "Three Basic Motive Theories," and Herzberg's "Two Factor Theory." The nine assessment areas were:

* Job importance
* Job security
* Advancement opportunity
* Recognition
* Personal growth

* Co-workers
* Physical conditions
* Belongingness
* Superiors

The most important employee motivational element in that study was *the degree to which a feeling of recognition is experienced*. However, one of the easiest to use and, arguably, most beneficial employee "satisfiers" - recognition - is consistently and almost universally underutilized in many organizations.

With the persistent emphasis on cost savings and cost effectiveness of operations, many health care organizations are looking for ways to motivate employees to greater efficiency and productivity. Studies have focused on both nonmonetary techniques (Chase 1985) and supervisory actions (Fitzgerald 1984)

to provide improved employee motivation. Other researchers look to employee suggestion programs (ESPs) as an effective method of partially satisfying employees' needs for recognition, while also meeting the organization's need for cost containment (Richer and Weiss 1988).

There are numerous survey instruments which have been developed and used by researchers to assess employee opinions and attitudes. Kirsch (1990) used the "Job Description Index" and the "Organizational Commitment Questionnaire" as part of her study to assess job satisfaction among nurses at a large midwestern teaching hospital. MacRobert, Schmele, and Henson (1993) employed Science Research Associates' "Morale Inventory" to analyze job morale factors among community nurses. In a study of hospital foodservice employees, Sneed and Herman (1990) utilized the 30-item "Job Characteristics Inventory" and the 15-item "Organizational Commitment Questionnaire." Many of these research tools have been extensively used and tested and their validity and reliability have been established. However, they may be unsuitable for the unique needs and goals of individual studies or specific organizations (Nees 1981-82). The validity and reliability of locally-developed, new survey instruments can be established (e.g., through expert panel review and test-retest reliability correlations) and the tailored form can then be used for subsequent surveys and time-spaced results comparisons.

Two researchers designed a questionnaire to measure work environment perceptions and job attitudes among paraprofessional

and administrative personnel at five U.S. Navy branch medical
clinics (Butler and Erlich 1991). That study, which included
both military and civilian employees, examined the relationship
between organizational position and job satisfaction/performance.
Study results, as in previous research cited by the authors,
found that organizational position is a major determinant of work
environment perceptions and contributes significantly to an
individual's attitudes and behavior. In contrast to other
studies, however, the researchers found that workers in
administrative positions reported more favorable work conditions
and had more positive attitudes than their coworkers in *medical*
positions.

Project Purpose

The purpose of this project was to identify and evaluate
the current views and concerns of civilian personnel regarding
several key issue areas in the scope of their employment at Naval
Hospital, Jacksonville. The assessment, conducted through
collection and analysis of survey data, was aimed at
accomplishing four primary objectives:

Objective #1
Uncover potential areas important to the civilian
workforce that may require concentration of current
efforts and resources.

Objective #2
Identify key civilian personnel issues for inclusion in
long-term strategic planning initiatives.

Objective #3
Enhance communications with civilian employees and expand
their involvement in the command by eliciting their
assistance in reviewing survey findings, developing
recommendations, and implementing viable solutions to
improve the overall work environment.

Objective #4
Develop a valid and reliable survey instrument for future
use and follow-up assessments.

The project objectives were derived through an extensive review

of current subject literature and in discussions with many NHJAX

staff members, local civilian personnel office officials, and

civilian employee union representatives. The literature review,

my discussions with a large number of people from widely varied

positions, and a review of existing survey instruments also led

to the identification of seven key issue areas or dimensions

(fig. 2) of overall employee satisfaction to be assessed during

the survey. Attitudes and opinions regarding each dimension were

evaluated through responses to specific groups of questions

(scales) included in the survey instrument.
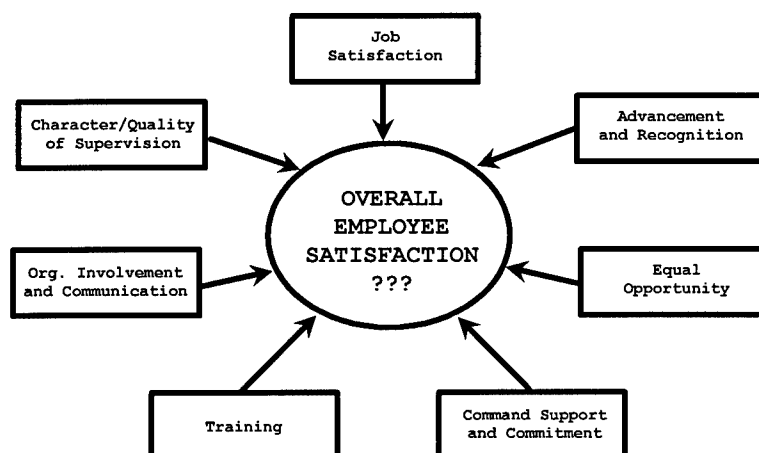
Fig. 2. Seven key dimensions of overall employee
satisfaction.

There are undoubtedly many other concepts which could have been included, but the seven dimensions used were intended to cover key areas and provide a reasonable, overall satisfaction indicator. Scale scores (summated item scores) for each of the seven issues and the overall satisfaction scale were correlated to identify possible relationships. Although summated responses in each broad element area were analyzed, responses to select, individual questions were also compared and evaluated to assess attitudes relating to focused issues among various control variables (e.g., respondent demographic groups). In addition, several items incorporated into the instrument to assess opinions about the usefulness of the survey were included in comparison and analysis testing.

CHAPTER 2

METHOD AND PROCEDURES

The project was designed to assess the attitudes and opinions of civilian employees regarding the seven assessment dimensions, as well as provide a measure of their overall satisfaction within the organization. Data compilation was accomplished through the use of a seventy-seven item, author-designed questionnaire distributed to all civil service employees at NHJAX and its branch clinics. The formal survey instrument is included as **Appendix A**. Although there are existing survey instruments which may have been partially suitable, a locally designed survey form has certain distinct advantages (Nees 1981/82). The custom-tailored questionnaire can include issues and statements specifically relevant to Naval Hospital, Jacksonville, and can incorporate information and wording unique to the military hospital setting.

The Survey Instrument

The survey instrument included an information and instruction page and a three-section questionnaire. The cover page discussed the basic purpose of the survey and provided specific guidance for completion and return of the form. Also

included were assurances about the voluntariness of participation and anonymity for respondents. No personal identification was required in completing the survey and all questions were carefully screened to ensure that no individual participant could be uniquely identified.

Section 1 - Demographic Data

Section 1 consisted of fifteen items asking for respondent-specific demographic and work history data (Items 1 through 15). While most of the requested elements are standard in many questionnaires (e.g., age, gender, education, etc.), some questions asked for information characteristic to a Navy health care setting (e.g., Hospital Directorate assignment). The unique or "tailored" data elements, however, could easily be modified for use in other military health care facilities with a few wording changes, while still maintaining the basic survey structure. Correlation analysis (r) of the demographic data with the coded scale scores of the seven dimensions being assessed was used to identify possible relationships which merited further examination and discussion.

Section 2 - Survey Dimension Scale Questions

The second section consisted of fifty-seven items relating to the seven dimensions and five items addressing the perceived usefulness of the survey (Items 16 through 77). Each item was presented in statement form and respondents were asked to express

the degree to which they agreed or disagreed with each statement

by circling their response on a five-point Likert scale (Strongly

Agree-5 to 1-Strongly Disagree). The Likert scale method was

chosen because answers are provided in the form of coded data

that are comparable and can be readily manipulated (Alreck and

Settle 1985). While overall mean (X) results were calculated for

each individual item in this section, a total or scale score was

also compiled from specific sets of items as demonstrated by

figure 3. This scaled score then provided an index of attitudes

toward the primary issue addressed in that set. A random number

generator was used to arbitrarily order all sixty-two statements

in Section 2 of the survey form to help avoid an acquiescent

response set which can occur if similar items are ordered

consecutively.
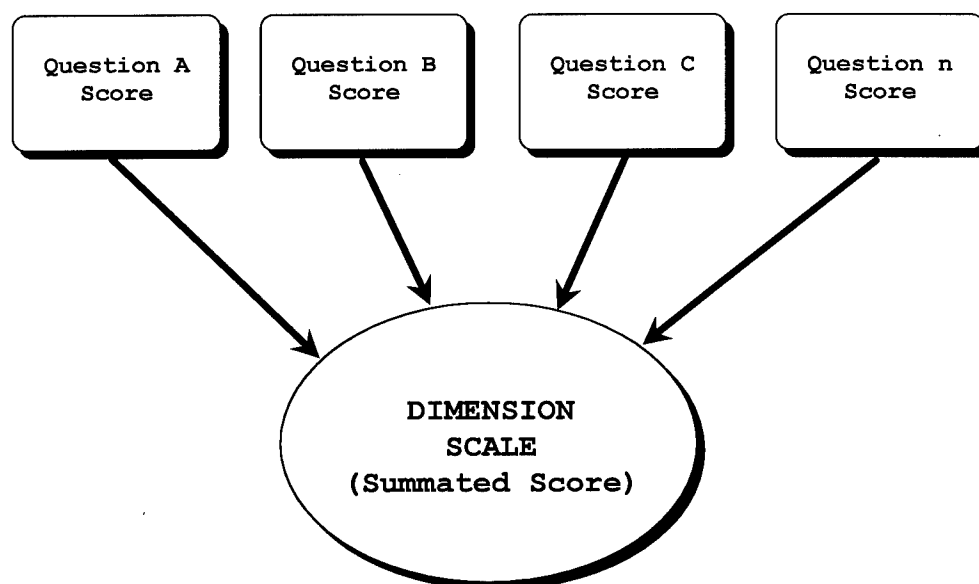
Fig. 3. Summated dimension scale construction.

Scale scores for each of the seven key dimensions were compiled from responses to the statements in each set. Five to eleven items comprised the scale for each issue being assessed as shown in **Appendix B**, with each set having both positive- and negative-worded statements. All responses were chosen from the five to one, strongly agree to strongly disagree Likert scale on the survey instrument. When scored, however, a **favorable** response to any statement was always assigned a high score. As shown in the example below, "strongly agree" received a high score for positive-worded statements, while "strongly disagree" received a high score in the case of negative-worded statements. This reflecting scale ensured items in each scale were consistently scored and also helped lessen the possibility of an acquiescent response set (DeVaus 1986).

		Strongly Agree				Strongly Disagree
Coding Scheme						
(Pos) I am satisfied with my job.	+	5	4	3	2	1
(Neg) I am unhappy with my job.	-	1	2	3	4	5

Section 3 - Respondent Comments

The final page of the form, Section 3, allowed respondents to make general comments about positive or negative aspects of their job, the organization, or the survey form, suggestions for improvement, or about any other issue important to them. Comments entered in this section were recorded in a word processing program and searched for multiple occurrences of key

words and phrases, similar to the content analysis technique employed by Hudak, Brooke, and Finnstuen (1993) in a study of health care executives. This process allowed identification and compilation of additional concerns which may not have been addressed in the previous portions of the survey instrument.

Survey Review and Preliminary Approval

After preliminary approval was granted by the Commanding Officer, the members of the Command's Executive Steering Council and representatives of the local Human Resources Office (Civilian Personnel) and the American Federation of Government Employees (AFGE) Local 696, were briefed about the proposed project and survey. Their input was essential to gain full support for the project and to further ensure that the survey goals and objectives were sound, the survey instrument items clear and understandable, and to solicit their future assistance in resolving issues identified during the project.

A number of excellent recommendations were made during the briefings and were incorporated into the final survey instrument. Suggestions included modifying the wording of the basic research question and adding a "prior military service?" question to the demographic section. The advance notification about the project helped to gain positive support and may have contributed to the outstanding response received during the actual survey.

Survey Instrument Validity Testing

It was essential to evaluate the validity of the survey instrument, even before the presurvey pilot test, to help ensure the scale items adequately assessed the seven key issues or dimensions being measured (DeVaus 1986; Kerlinger 1986). In other words, would I be measuring what I thought I would be measuring? For this study, validity was assessed through scale content validation by a panel of five "expert" judges. The judges were selected from senior civilian and military personnel assigned to NHJAX. Consideration was given to each member's occupational and educational background to gain a cross-section of experience. Each person selected (three female/two male, including one male and one female civilian employee) had at least a graduate level education. The panel members were individually briefed regarding the purpose and design of the project, and presented with the list of the scale items for the seven issue areas as shown in *Appendix C*. The members were asked to consider whether or not the items adequately related to the concept being measured.

The nominal (yes/no) data collected from the panel was recorded and analyzed to identify those items which required modification or should be deleted from the survey instrument. Table 2 below provides a summary of changes made to the draft survey instrument as a result of the expert panel's assessment. Although none of the original seventy-one scale items received more than two negative responses from the expert panel and were

therefore not excluded, there were a number of modifications made. Two items were moved from Scale #5, Equal Opportunity, to Scale #1, Job Satisfaction, to ensure that the questions were incorporated in the scale they most closely assessed. In addition, fifteen items had wording changes to improve clarity and two new items were added based on recommendations from the expert panel.

Table 2.--Expert panel scale content validation results

Scale	Original Number of Items	Deleted	Added	Modified	Remaining
Dimension #1	10	0	2	5	12
Dimension #2	12	0	0	1	12
Dimension #3	8	0	1	1	9
Dimension #4 *	9	0	0	0	9
Dimension #5 *	10	2	0	2	8
Dimension #6	8	0	0	3	8
Dimension #7	10	0	0	3	10
Usefulness	4	0	1	0	5
TOTALS	71	2	4	15	73

*Title modified to more accurately reflect issue being assessed.

Presurvey Pilot Test

The final pilot form was prepared by modifying the draft survey instrument based on the scale content validation results and recommendations. A presurvey pilot test was performed to assess the reliability of the scales and indicators used in the study. The pilot study involved administering the preliminary survey form to a representative sample of those to be included in

the actual study. A five percent sample of both hospital and branch clinic civil service staff members who met key demographic characteristics was selected. The basic demographic attributes used in selecting the test sample group, as shown in table 3, were gender, work site (hospital or branch clinic), supervisory status, and type of work.

Table 3.--Participant selection factors for the presurvey pilot test

Work Site	Hospital	Branch Clinics	Total	Percent of Total
Total Civil Service	413	105	518	100.0%
Male	117	31	148	28.5%
Female	296	74	370	71.5%
Including				
Supervisors	39	4	43	
Non-Supervisors	374	101	475	
Patient Care	96	42	138	
Other work	317	63	380	
Test Sample Size	20	5	25	100.0%
Male	6	1	7	28.0%
Female	14	4	18	72.0%
Including				
Supervisors	2	0	2	
Non-Supervisors	18	5	23	
Patient Care	4	2	6	
Other work	16	3	19	

To lessen the possibility of researcher bias in selecting the pilot study participants, survey forms were given to the involved Command Directors to distribute. **Appendix D** was used to guide the Directors in distribution of the pilot test survey

forms, based on the demographic breakdown of personnel in their areas of responsibility. A total of twenty-five pilot forms were distributed, with twenty-three employees actually responding. Data were recorded in a database program to facilitate statistical analysis and individual written comments were reviewed to identify recommendations for other appropriate changes to the survey form. As shown in table 4, several Section 1 survey questions were modified to improve clarity and others were deleted as unnecessary.

Table 4.--Survey question changes/deletions as a result of the presurvey pilot test

No.	Original Wording	Revised Wording
5	Formal Education:	Education completed:
11	Number of personnel you directly supervise:	Are you a supervisor?
13	Directorate assigned to:	Hospital Directorate assigned to (or Branch Clinic):
16	Have you worked in another military medical facility?	Deleted
17	Have you worked in a civilian medical facility?	Deleted

Reliability and Unidimensionality Analysis

Testing scales for reliability would ideally have been accomplished by administering the draft survey on at least two separate occasions to determine if the same respondents received the same or similar scale score on both occasions. However, it

is often difficult to have the same people available to answer the same questions on more than one occasion to assess the reliability of scales (DeVaus 1986). In this case, item-to-item correlations (Cronbach's Alpha) were calculated by SPSS techniques using the pilot study data to examine the consistency of each person's response on a particular item in relation to each of the other scale items. An "alpha" of at least 0.70 was selected to conclude that the scale was reliable.

Testing analysis revealed eleven items for elimination to improve scale reliability (Table 5) and also showed that the "Survey Usefulness" scale would not produce reliable results regardless of item deletions. The five items relating to the respondents' perception of survey usefulness were retained in the final survey instrument, but required individual assessment rather than analysis as a summated scale score.

Table 5.--Final scale alpha values and number of scale items after pilot study data analysis

Dimension Scale	Initial No. of Items	Pilot Scale Reliability (Alpha)	Final No. of Items	Final Scale Reliability (Alpha)
1	12	0.62	7	0.77
2	12	0.93	11	0.93
3	9	0.83	9	0.83
4	9	0.77	7	0.78
5	8	0.74	5	0.82
6	8	0.83	8	0.83
7	10	0.85	10	0.85
Usefulness	5	0.48	5	*
	----		----	
OVERALL	73		62 **	0.96

* Unreliable scale - items retained as individual assessment questions.
** Only 57 items actually included in the Overall Satisfaction scale.

To ensure that each item in a scale measured the same underlying concept, data collected from the Section 2 scales in the pilot study was also tested for unidimensionality. This allowed identification of individual items which did not appear to measure the concept in question (e.g., involvement in the organization). Correlation coefficients were calculated using SPSS techniques between each presurvey respondent's score on a particular item with their score on the rest of the scale (item-to-scale coefficient). Items receiving a calculated correlation coefficient of less than 0.30 were dropped from the scale and all remaining items items had achieved an item-to-total correlation value of greater than 0.33.

Problems with reliability may also be of concern if data coding errors are made when recording large amounts of data or when more than one person is involved in the coding process. For this study, however, all data was coded by the author during both the pilot and actual surveys to lessen the possibility of inconsistent data coding and recording.

Formal Survey Announcement and Distribution

Following the pilot test and analysis, the finalized instrument was prepared for printing and distribution. A variety of means were used to formally announce the planned survey and its purpose. Members of the Executive Steering Council (ESC) were briefed and representatives of AFGE Local 696 and the Human Resources Office were notified of the pending distribution of the

survey form. In addition, the study was announced by the
Commanding Officer at a civilian employee "Captain's Call" and
information about the study was disseminated command-wide via
local computer electronic mail to reach as many employees as
possible.

On February 2, 1994, a memorandum and civilian staff
roster, along with the required number of survey forms, were
distributed to all hospital department heads and branch clinic
directors. Instructions accompanying the survey packages
reminded the department heads and directors/OICs of the purpose
of the survey and that one form should be handed out to each
permanent civil service employee. Each form had an attached,
preaddressed return envelope (prestamped for outlying clinics) to
make it as easy as possible for employees to respond. All
completed forms were identified for return to a designated box in
the NHJAX mailroom (NHJAX Code 0100B, Attn: LCDR Nichols) as
shown on the envelopes and labels.

While hoping for a large number of respondents, an initial
goal of at least forty percent (approx. 200 responses) return
rate was established with a period of two to three weeks for
receipt of completed forms. This self-imposed deadline, however,
was partially dependent upon the rate of return. The initial
goal of two-hundred forms was attained in less than a week. The
planned final cutoff date of 18 February 1994 was extended to 01
March 1994, for a total period of four weeks. The overall
response to the survey was extremely good as shown in figure 4,

and was substantially greater than initial expectations. Of the 518 surveys handed out, 373 were completed and returned within the twenty-eight day period.
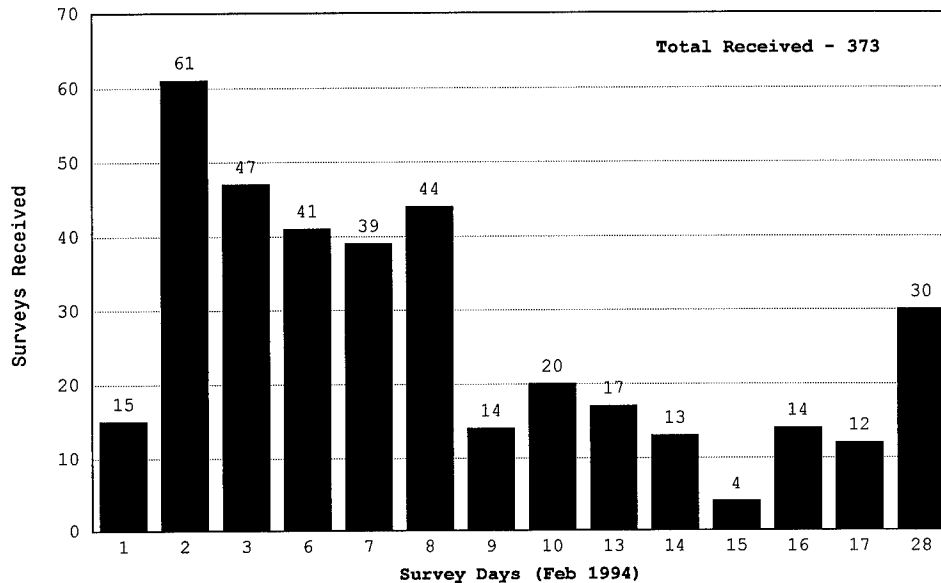
Fig. 4. Civilian personnel survey response rate by day.

Data Coding and Recording

Data coding and recording commenced as soon as responses began arriving to avoid the need to process a large number in a short period of time. However, full data analysis could not begin until the final survey receipt cutoff date. In most cases where data was missing, the mean value for the item was used (e.g., for a survey with the respondent's age missing, the mean age of all respondents was substituted). The mean (X) score for the particular item was used whenever a person did not respond to a Likert scale item in Section 2 of the survey form. However,

forms returned with multiple data elements left uncompleted, especially those which could not be backfilled with mean values (e.g., worksite, race, work schedule, marital status, etc.), were excluded from data compilation. Of the 373 surveys returned, sixteen were discarded due to multiple missing responses, leaving a final group of 357 responses for analysis.

While a mandatory survey could have achieved a greater response rate, 357 acceptable responses out of the 518 forms distributed still represents almost *sixty-nine percent* of the civilian employees at the command. Numerous other surveys conducted in health care facilities have had substantially lower response rates. Holdnak, Harsh, and Bushardt (1993) achieved a return of 41.5 percent of the 619 questionnaires in their study of leadership style and its relationship to shift work. In Nystrom's (1993) study of job satisfaction among managers and executive secretaries in health care organizations, the participation rate was sixty-two percent of the seventy-seven persons included. Kirsch (1990) generated a response rate of only twenty-eight percent of the 500 registered and practical nurses included in her study of nursing satisfaction indicators and relationships.

Operational definitions of variables were as shown in table 6 and data coding and recording followed the plan outlined in the table. A database program was utilized to record data and produce basic summary statistics. Likert scale scores were summed for the questions for each of the seven dimensions and for

the overall satisfaction scale. The resulting scale scores were
also dichotomized as satisfied or dissatisfied (Powers 1993).
Coding of scale scores as "1-satisfied" or "0-dissatisfied" was
dependent upon the number of items included in the scale and
based on the midpoint or neutral score (3) on the Likert scale.
For a scale which included eight items, satisfaction was defined
as a scale score of twenty-five or greater, and dissatisfaction
as twenty-four or less.

Table 6.--Operational definitions and data coding scheme

Independent Variables (Xn)	Data Coding
1. Age	In years
2. Gender	1 if Female, 0 otherwise
3. Marital Status	1 if Single, 0 otherwise
4. Race/Ethnic Background	1 if Asian, 2 if Black 3 if Hisp, 4 if White 5 if Other
5. Education Completed	In years
6. Prior Military Service	1 if Yes, 0 otherwise
7. Total Civil Service	In years
8. Length of Employment	In years
9. Pay Grade	1 if 01-04, 2 if 05-08 3 if 09-12, 4 if 13-15
10. Promotion History	1 if Promoted, 0 otherwise
11. Personnel Supervised	1 if Yes, 0 otherwise
12. Immediate Supervisor	1 if Male, 0 otherwise 1 if Military, 0 otherwise
13. Directorate	0 if CO/XO, 1 if Administrative 2 if Nursing, 3 if Medicine 4 if Surgery, 5 if Ancillary 8 if Branch Clinic
14. Type of Work	1 if Patient Care, 0 otherwise
15. Work Schedule	1 if Days, 0 otherwise

Dependent Variables (Yn)	Data Coding
1. Job Satisfaction	Scale scores will be calculated
2. Supervision	for each of the seven issues
3. Advancement/Recognition	areas and for the overall
4. Org Involvement/Communication	employee satisfaction scale.
5. Equal Opportunity	
6. Training	
7. Command Support/Commitment Overall Satisfaction	

CHAPTER 3

RESULTS

Data analyses were accomplished using the Statistical
Package for the Social Sciences (SPSS) for Windows (Ver. 6.0)
software. Correlation analysis ($\underline{r}$) was used to identify
relationships between variables for further investigation.
Additional analysis was accomplished by calculating $\underline{t}$-test values
to assess significance between mean values of continuous variable
data (e.g., scale scores). Chi-square tests for independence
(χ^2) analyses using observed frequencies in collected data were
also used to help determine whether or not relationships existed
between satisfaction rates for dichotomously-coded variables
(e.g., coded scale scores and gender).

The purpose of the analyses was to identify areas of
possible deficiency for concentration of command efforts and
resources. Because of the nature of the study, advance
predictions or development of hypotheses were difficult and, in
this case, analysis of the collected data led to development of
focus areas and recommendations for improvement noted in Chapters
4 and 5 of this study.

The reliability of the seven dimension and overall
satisfaction scales was again assessed through item-to-item

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correlations (Cronbach's Alpha) using the final study data. The seven dimension scales and the overall employee satisfaction scale achieved "alphas" of 0.72 to 0.96, which exceeded the initial goal of 0.70 or greater. Additionally, item-to-scale coefficients calculated to test the unidimensionality of the scales all exceeded the established baseline of 0.30.

Demographic Data and Descriptive Statistics

The initial criteria used for selection of pilot test participants was work site (hospital or branch clinic), gender, supervisory status, and type of work (patient care or other). Participants were selected to closely match the demographic characteristics of the entire civilian workforce at NHJAX. As shown in table 7, the demographic characteristics of the respondents in the formal survey also closely matched the actual characteristics of the full civilian staff. These results help ensure that a realistic, representative sample of the full civilian employee population at the command were included in the formal survey process and the large sample size also decreases the likelihood of associated error. Having a truly representative sample can also help improve the reliablility of predictions on the entire employee population based on survey sample results and allow greater latitude in drawing inferences or conclusions.

Table 7.--Comparison of selected demographic characteristics between survey respondents and all civilian staff members

Category	Survey Respondents (n = 357)	All Civilian Staff (N = 518)
Work Site		
Hospital	81%	80%
Branch Clinic	19%	20%
Gender		
Female	75%	72%
Male	25%	28%
Supervisory Status		
Supervisor	13%	8%
Non-Supervisor	87%	92%
Type of Work		
Patient Care	27%	26%
Other Work	73%	74%

A complete demographic data breakdown for the survey respondents (N = 357) is shown in table 8. Primary issue areas were assessed in relation to independent variables in table 8 to identify differences which may be statistically significant and the results are discussed in later sections. Full descriptive statistics for all survey items are found in Appendix E, including mean, standard deviation, variance, range, and minimum and maximum recorded values.

Table 8.--Demographic characteristics of the survey respondents
(N = 357)

Category	Percent	(n)	Category	Percent	(n)
Gender			Supervisor		
Female	75%	(266)	Yes	13%	(46)
Male	25%	(91)	No	87%	(311)
Marital Status			Immediate Supervisor		
Married	73%	(262)	Male	51%	(181)
Single	27%	(95)	Female	49%	(176)
Race/Ethnic Background			Military	61%	(219)
Asian	6%	(23)	Civilian	39%	(138)
Black	17%	(59)			
Hispanic	3%	(12)	Work Area Assigned		
White	72%	(256)	CO/XO	5%	(17)
Other	2%	(7)	Admin	36%	(129)
			Nursing	16%	(56)
Prior Military			Medical	9%	(33)
Yes	39%	(141)	Surgical	6%	(22)
No	61%	(216)	Ancillary	9%	(32)
			Branch Clinic	19%	(68)
Civilian Pay Grade					
01-04	33%	(118)	Primary Type of Work		
05-08	39%	(139)	Patient Care	27%	(97)
09-12	27%	(95)	Other	73%	(260)
13-15	1%	(5)			
Promoted at NHJAX			Normal Work Schedule		
Yes	47%	(169)	Days	85%	(303)
No	53%	(188)	Other Shift(s)	15%	(54)

Average Age	43.89 years
Average Education	14.09 years
Average Total Civil Service Time	10.76 years
Average Years Employed at NAVHOSPJAX	5.93 years

Survey Usefulness

Five survey items were included to assess attitudes about the usefulness of the survey process and the expectations of positive changes as a result of the survey. These items were not linked together as a scale score like other survey items, but rather were considered separately. In addition to the mean scores from these questions as shown in table 9, correlation analysis was performed between the usefulness variable item scores themselves and other survey variables.

Table 9.--Comparison of survey usefulness item means for all respondents

Survey Usefulness Item	Mean	±	SD
53. I want to know the results of this survey.	4.34*	±	.92
65. This survey is a good way to let management know what I think.	3.80	±	.93
29. I am confident that my individual answers will not be identified in this survey.	3.58	±	1.04
39. The information from this survey will be used to make this organization a better place to work.	3.23	±	.98
76. I don't think I will see any positive workplace changes as a result of this survey.	2.63	±	.96

* Highest mean response value of <u>all</u> individual survey items.

The highest mean score (X = 4.34) of all survey items was attained by Question #53 which asked whether respondents wanted to know the results of the survey. The strongly positive responses to this question makes it essential that survey results are made known to the respondents if command credibility is to be maintained and to help ensure that future surveys also gain broad

participation. This item was also negatively correlated ($\underline{r}$) with respondent age (p<.01), indicating that younger employees more strongly desired to know the survey results.

Correlation analysis ($\underline{r}$) of Question #29, confidentiality of the survey responses, found this item was positively correlated with lower grade employees (GS 01-04) (p<.05) and with respondents who are supervisors (p<.01), indicating that these groups were more confident that their responses would not be uniquely identified. Question #39, concerning whether the information from the survey would be used to make the organization a better place to work, was negatively correlated ($\underline{r}$) with respondents race/ethnic background (p<.01), indicating that minority respondents were more positive about the possible effects of the survey on the organization. In addition, the most senior employees (GS 13-15) held a similar positive view of possible survey effects more strongly than those of lower grades (p<.01).

No significant relationships were identified between demographic variables and Question #65 concerning whether the survey was a good way to let management know individual views. However, responses to Question #76, which asked whether or not positive workplace changes would result because of the survey, were positively correlated with both senior employees (GS 13-15) (p<.01) and supervisory personnel (p<.01).

Dimension Scale Score and Satisfaction Rate Comparisons

Mean values for the seven dimension scales range from 15.25 for Issue #5 to 38.97 for Issue #2. The broad differences are due to the different numbers of items included in each scale (from five to eleven items per scale). Further t-test analysis shows that there are statistically significant differences between the means of the satisfied and dissatisfied subgroups in each of the seven separate dimension and overall satisfaction scales as shown in table 10.

Table 10.--Comparison of issue scale means and statistical significance

Scale	Entire Group Mean (N = 357)	Satisfied Subgroup Mean	Dissatisfied Subgroup Mean	t (*)
Job Satisfaction	26.85 ± 5.17	28.45 ± 3.61 n = 303	17.88 ± 2.98 n = 54	-20.30
Character/Quality of Supervision	38.97 ± 11.24	44.74 ± 5.75 n = 260	23.50 ± 6.87 n = 97	-29.38
Advancement and Recognition	24.18 ± 6.55	31.79 ± 3.30 n = 109	20.83 ± 4.50 n = 248	-22.87
Org. Involvement and Communication	20.49 ± 4.89	24.66 ± 2.40 n = 168	16.79 ± 3.28 n = 189	-25.65
Equal Opportunity	15.25 ± 4.02	18.40 ± 2.05 n = 185	11.86 ± 2.61 n = 172	-26.44
Training	24.51 ± 5.87	29.02 ± 2.93 n = 189	19.44 ± 3.85 n = 168	-26.66
Command Support and Commitment	31.11 ± 7.02	36.20 ± 4.05 n = 197	24.84 ± 4.31 n = 160	-25.60
Global Satisfaction	181.35 ± 36.36	203.59 ± 20.54 n = 228	142.06 ± 22.20 n = 129	-20.30

(*) df=355, p<.01

As previously discussed, scales scores were dichotomously coded as satisfied or dissatisfied to aid further analysis. Figure 5 provides a graphic demonstration of the differences between rates of employee satisfaction and dissatisfaction based on the scale scores recorded for each dimension assessed, and between the scale dimensions themselves. As shown, approximately **two-thirds of the respondents expressed overall satisfaction** (64%) and an even larger majority of the respondents are satisfied with their job (85%), but satisfaction rates for peripheral issues like advancement and recognition were substantially lower. Correlation analysis (r) also demonstrated highly positive relationships between each of the seven dimensions and overall employee satisfaction ($p < .01$).
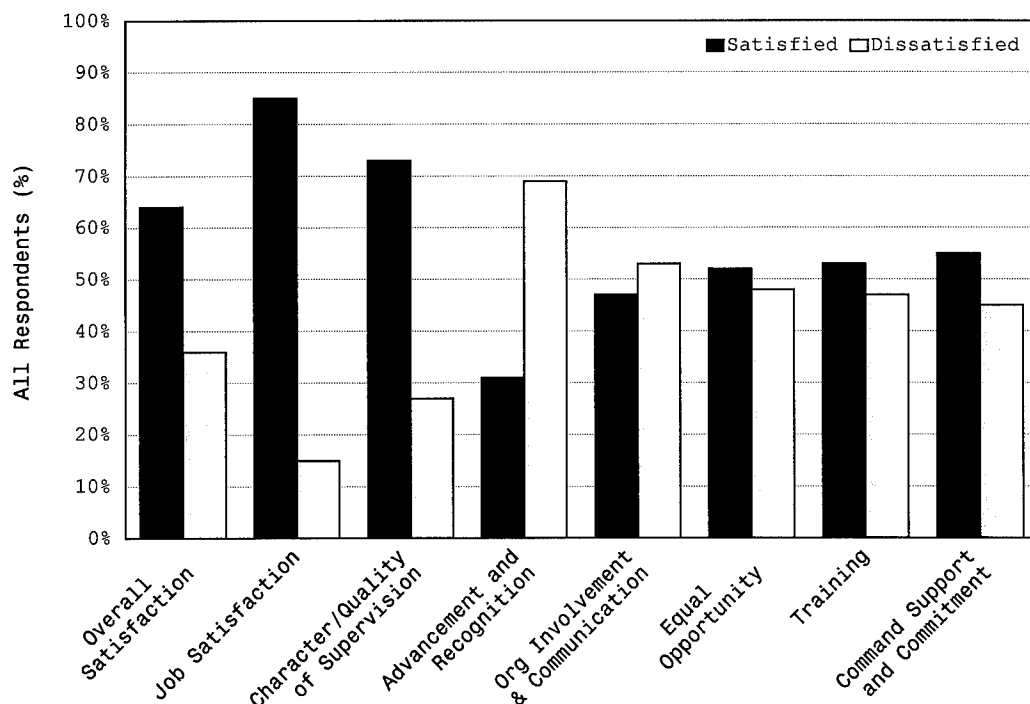
Fig. 5. Satisfaction rates for the seven dimension and the overall satisfaction scales.

Respondent Comments

Over **forty percent** of the survey respondents (154 of 357) made written comments on the survey form. While further discussion of specific comments is included in later sections, a brief review of the type and frequency of issues mentioned in participant comments is appropriate here. Table 11 summarizes the recorded comments in twenty categories along with their relative frequency of occurrence. Most of the written comments were relatively brief, but a number of the participants submitted several typewritten pages centered on only one or two issues.

The dimension that achieved the lowest satisfaction rate, advancement and recognition (31%), also received the most survey participant comments. Sixty-five negative comments were recorded from fifty-seven different respondents (some commented about both advancement and recognition). Another factor which may logically support the survey results is that the frequency of written responses by participants was negatively correlated ($p<.01$) with the overall satisfaction scale. In other words, satisfied employees were less likely to make written comments on the survey than their dissatisfied counterparts.

Table 11.--Summary of written comments made by survey participants

Comment Category	No. of Times Noted	Percent of those making Comments (N=154)	Percent of all Survey Respondents (N=357)
1. Lack of advancement or promotion opportunity, salary complaints, lack of advertising open positions.	43	28%	12%
2. Pride in the organization, support for CO.	32	21%	9%
3. Unfair treatment by military personnel and division between military/civilian employees.	30	19%	8%
4. Complaints about supervisors (leadership, accountability, etc.).	29	19%	8%
5. Lack of civilian training.	28	18%	8%
6. Lack of recognition and awards.	22	14%	6%
7. Favoritism in assignment, treatment, or promotions.	18	12%	5%
8. Lack of action regarding poor performance by military and/or civilian employees.	15	10%	4%
9. Problems with performance appraisal system.	14	9%	4%
10. Complaints about length of lunch hour, working hours, lack of flex-time scheduling.	12	8%	3%
11. Positive comments about the survey.	10	6%	3%
12. Lack of supervisory opportunities for civilian employees.	9	6%	3%
13. Lack of opportunity to participate in activities.	9	6%	3%
14. Lack of teamwork in the organization.	8	5%	2%
15. Negative comments about the survey.	8	5%	2%
16. Comments about Total Quality Leadership (TQL) initiatives, usefulness.	6	4%	2%
17. Complaints about inadequate staffing.	6	4%	2%
18. Need to improve patient/customer service and make facility upgrades.	5	3%	1%
19. Isolation of branch clinics.	5	3%	1%
20. Other miscellaneous comments.	6	4%	2%

Dimension 1 - Job Satisfaction

Although there may be ties between job satisfaction and other factors, an initial analysis was performed to assess differences in rates of job satisfaction among selected demographic characteristics of the survey respondents. Figure 6 provides a comparison of satisfaction rates among fourteen demographic variables from the study.
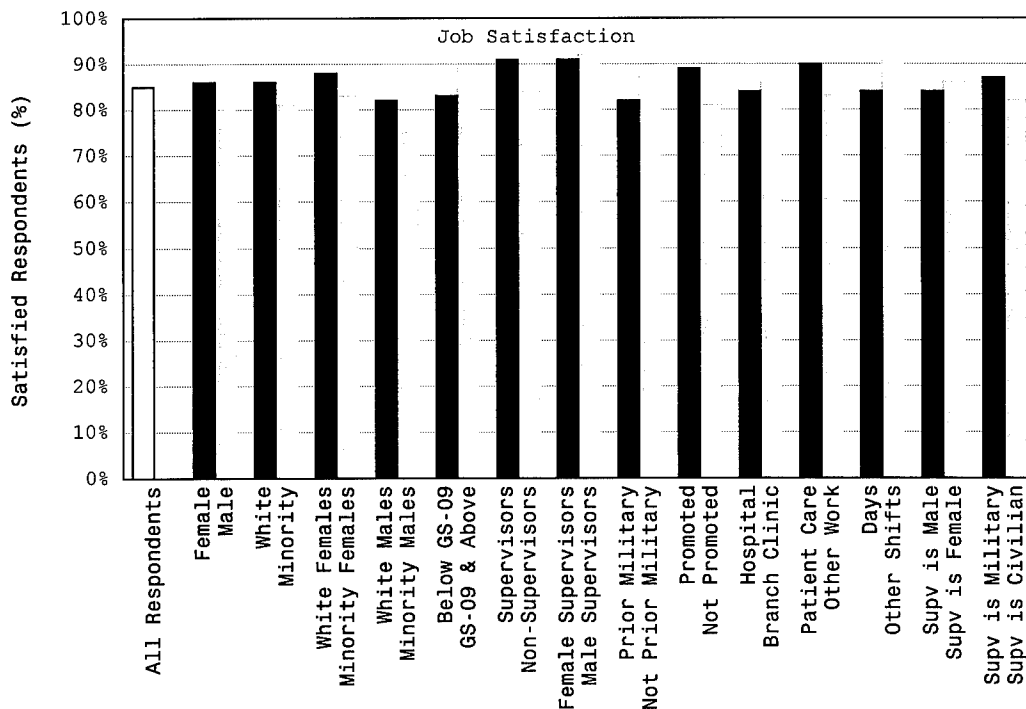
Fig. 6. Comparison of satisfaction between selected demographic variables for Dimension 1, Job Satisfaction.

Overall, *eighty-five percent* of those responding (303 of 357) expressed satisfaction with their jobs. While differences are visually evident in each case in figure 6, only one demographic characteristic group demonstrated a statistically

significant difference in job satisfaction rates. A chi-square (χ^2) analysis showed that employees who have been promoted at NHJAX expressed higher job satisfaction (89%) than those who have not been promoted (81%) at the command ($\chi^2 = 5.00$, p<.05). Although not surprising, that result may help explain lower satisfaction rates on additional issues (e.g., advancement and recognition). Dissatisfied respondents (15%) also were significantly more likely to make written comments on the survey ($\chi^2 = 19.23$, p<.01) than were those who expressed satisfaction (85%) with the job satisfaction issue. Further analysis found that older employees had a higher rate of job satisfaction (89%) than do younger employees (81%) ($\chi^2 = 4.26$, p<.05). In addition, the most junior grades of responding employees (GS 01-04) were negatively correlated with job satisfaction (p<.05), indicating lower satisfaction than the more senior civil service employees.

Dimension 2 - Character and Quality of Supervision

Eleven individual items were included in the scale which assessed opinions and attitudes about the character and quality of supervision at the Naval Hospital. This issue gained the second highest overall satisfaction rating in the survey. As shown in figure 7, *seventy-three percent* of the respondents (260 of 357) had mean scores of thirty-three or higher, indicating general satisfaction with the supervision that they recieve.

Figure 7 also compares the satisfaction rates among various demographic variables. Again, however, there were few

significant differences between the rates of satisfaction in the demographic groupings. Survey participants who are supervisors themselves expressed a higher level of satisfaction (91%) versus non-supervisors (70%), with a chi-square value of 9.11 (p<.01). Another variation in satisfaction was found between employees with military supervisors and those with civilian supervisors. *Seventy-nine percent* of those with military supervisors expressed satisfaction with the supervision dimension, while only *sixty-three percent* with civilian supervisors felt the same ($\chi^2 =$ 10.88, p<.01). As with job satisfaction, satisfied respondents for this dimension were also less likely to make written comments than dissatisfied respondents ($r = -.13$, p<.05).
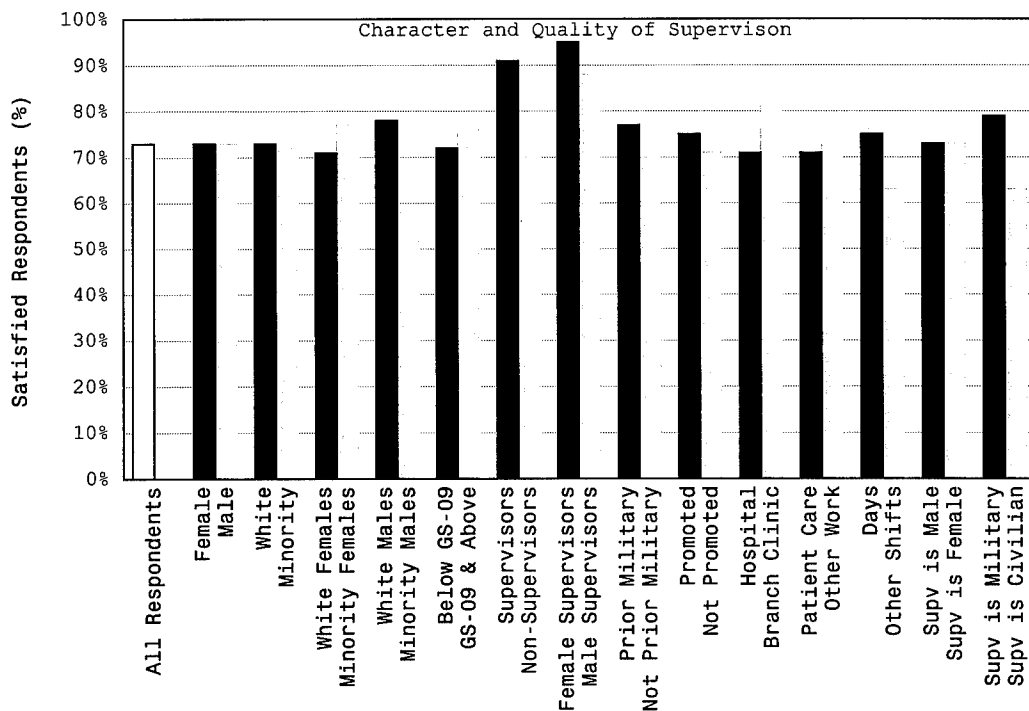
Fig. 7. Comparison of satisfaction rates between selected demographic variables for Dimension 2, Character and Quality of Supervision.

Dimension 3 - Advancement and Recognition

Other studies and previous research have found that the
potential for advancement and appropriate recognition for
accomplishments are important elements in employee satisfaction
(Alpander 1985; Chase 1985; Savage et al. 1993; Goode et al.
1993; and Larsen 1993). The same is apparently true for civilian
employees at NHJAX. The advancement and recognition scale, which
consisted of nine items, received the lowest satisfaction rating
of the seven primary survey dimensions. Only *thirty-one percent*
of all respondents expressed satisfaction with the level of
advancement and personal recognition at the Naval Hospital.
Figure 8 provides a breakdown of satisfaction rates for select
demographic characteristics.
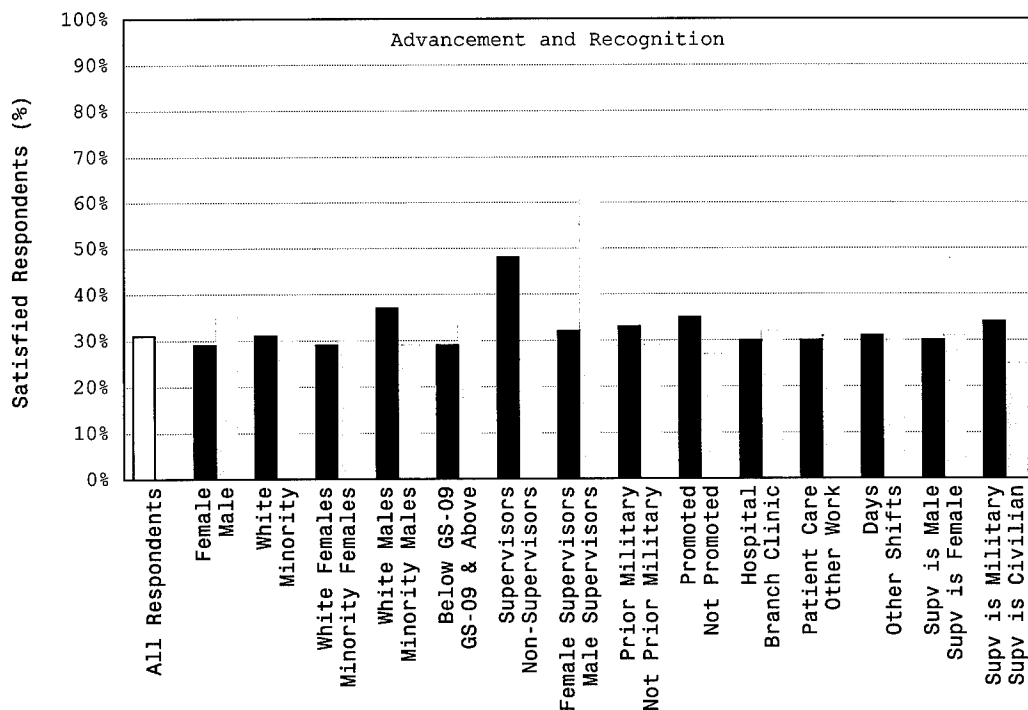
Fig. 8. Comparison of satisfaction rates between
selected demographic variables for Dimension 3,
Advancement and Recognition.

As with the previous issues, there are limited statistically significant differences between the satisfaction rates of the demographic groups shown in figure 8. Employees who are supervisors had higher satisfaction rates than those who are not supervisors (48% vs. 28%) (χ^2 = 7.44, p<.01) and, of those, male supervisors were more satisfied (62%) with advancement and recognition than were female supervisors (32%) (χ^2 = 4.33, p<.05). These findings do not seem unusual since supervisors, by the nature of their positions often have been advanced and/or received recognition for accomplishments in attaining their supervisory status. In addition, satisfied respondents were less likely to make written comments than those who were dissatisfied (χ^2 = 6.53, p<.05).

It is likely that there are different levels of satisfaction with both advancement issues and recognition issues, respectively. Indeed, when advancement items alone in the original scale are considered as a separate scale, the overall participant satisfaction rate is only **seventeen percent**. However, when the recognition items are combined to form a unique scale, the level of satisfaction rises to **forty-three percent**. This finding also seems reasonable based on limitations in the current civil service advancement system and was supported by over forty written comments about the lack of advancement and promotion opportunities from participants. However, while a separate recognition scale (six items) was found to be reliable (α = .82), the potential advancement scale (three items) did not

demonstrate reliability (α = .58) based on the standard established for this study of 0.70 or greater. As a result, reliability may be questionable when considering the advancement issue by itself.

Dimension 4 - Organizational Involvement and Communication

This dimension of overall satisfaction assessed employees level of involvement and personal feelings of belonging in the organization through seven scale items. The level of satisfaction with this issue for all participants, *forty-seven percent*, was the second lowest of the seven dimensions. A comparison of the satisfaction rates is shown in figure 9 below.
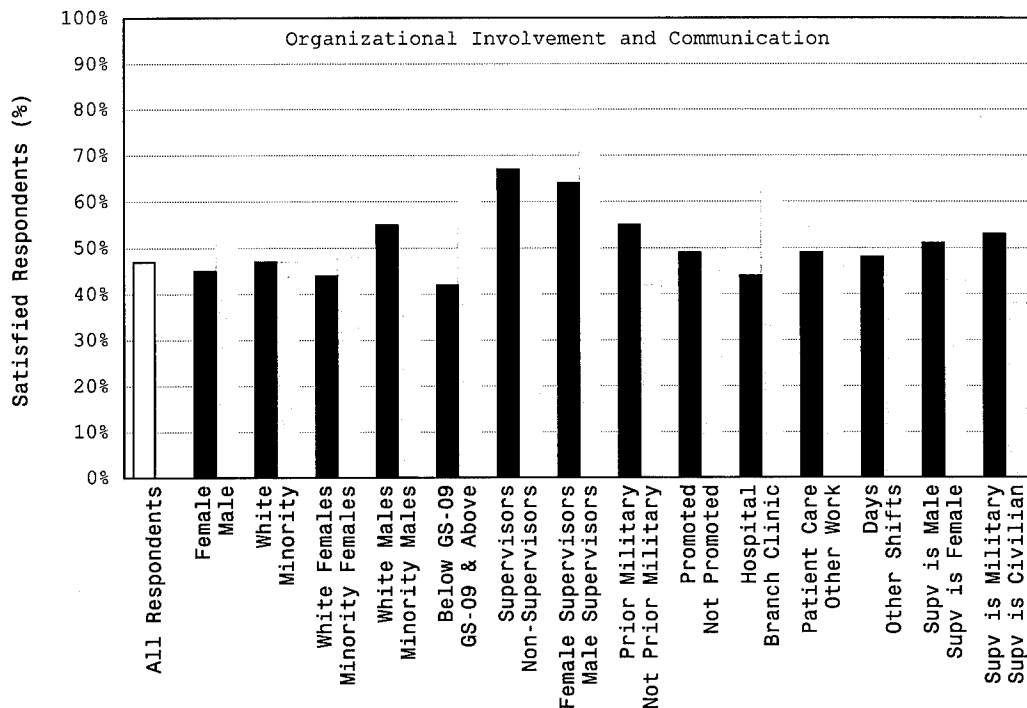
Fig. 9. Comparison of satisfaction rates between selected demographic variables for Dimension 4, Organizational Involvement and Communication.

However, satisfaction with the level of organizational
involvement and internal communication did vary substantially,
however, among the demographic groups compared. Five of the
fourteen demographic pairings noted in figure 9 had statistically
significant differences in rates of satisfaction. Table 12
provides a summary of those differences. Additional correlation
analysis ($\underline{r}$) showed that employees with higher education levels
had higher rates of satisfaction than other employees (p<.01).
Employees with less total Federal civil service time (p<.05) and
those with less time employed at the Naval Hospital (p<.05) were
also more likely to be satisfied with the level of their
organizational involvement and internal communications than their
respective counterparts.

Table 12.--Differences in satisfaction rates for "Organizational Involvement and Communication"

Demographic Variable Group	Total (N)	Satisfied Respondents		χ^2	Prob.
Employees below GS-09	257	42%	(108)	9.33	<.01
Employees GS-09 and above	100	60%	(60)		
Supervisors	46	67%	(31)	8.77	<.01
Non-supervisors	311	44%	(137)		
Prior military employees	141	55%	(77)	9.33	<.05
No prior military service	216	42%	(91)		
Hospital employees	289	44%	(126)	7.29	<.01
Branch clinic employees	68	62%	(42)		
Supervisor is Military	219	53%	(116)	7.94	<.01
Supervisor is Civilian	138	38%	(52)		

Issue 5 - Equal Opportunity

The overall fifty-two percent satisfaction rating for the equal opportunity dimension was in the midrange of satisfaction levels for the seven issues assessed. The scale included five items to measure employees level of satisfaction with the equal opportunity climate, disciplinary practices, and performance appraisal at NHJAX. Like the other issues, satisfaction rates were compared for the demographic variables shown in figure 10.
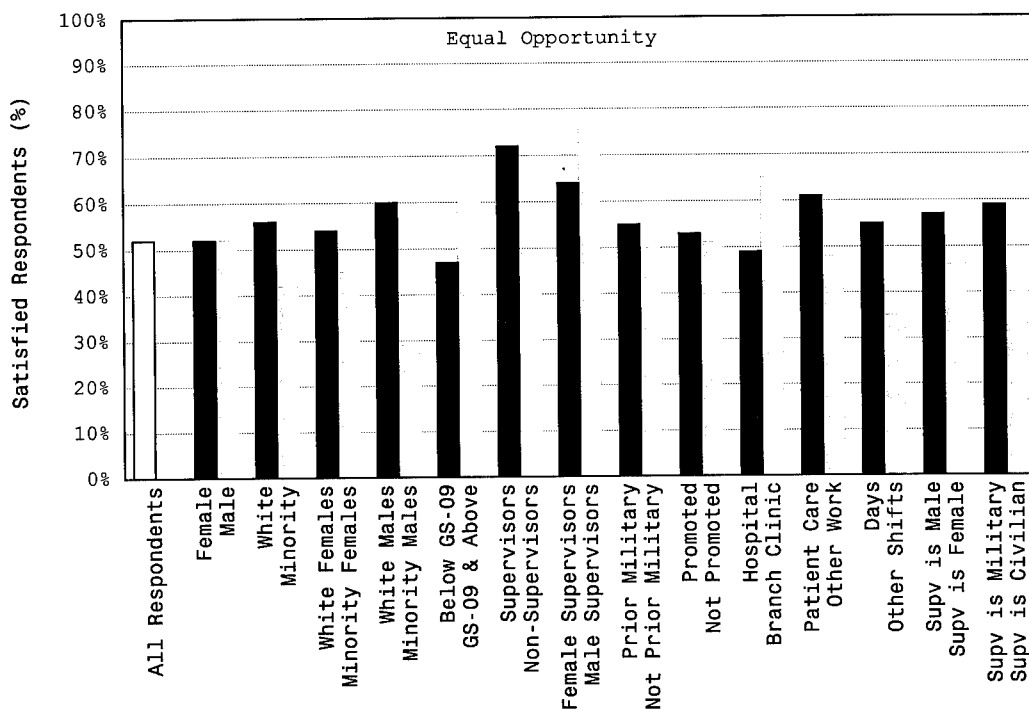
Fig. 10. Comparison of satisfaction rates between selected demographic variables for Dimension 5, Equal Opportunity.

This dimension created more differences in satisfaction rates between demographic groups than any other. As shown in table 13, nine different demographic pairings showed significant

differences in rates of satisfaction. Interestingly, though, males and females expressed identical rates of satisfaction, fifty-two percent, with the equal opportuniy climate at the Naval Hospital. In addition, employees who have been promoted at the command had a satisfaction rate (53%) very close to those who have not been promoted (51%). Employees with higher education levels also correlated positively (p<.05) with this issue, indicating higher satisfaction with equal opportunity issues than those of lower education levels.

Table 13.--Difference in satisfaction rates for Equal Opportunity

Demographic Variable Group	Total (N)	Satisfied Respondents		χ^2	Prob.
White employees	256	56%	(143)	5.91	<.05
Minority employees	101	42%	(42)		
White male employees	67	60%	(40)	6.60	<.05
Minority male employees	24	29%	(7)		
Employees below GS-09	257	47%	(122)	6.96	<.01
Employees GS-09 and above	100	63%	(63)		
Supervisors	46	72%	(33)	8.39	<.01
Non-supervisors	311	49%	(152)		
Hospital employees	289	49%	(141)	5.59	<.05
Branch clinic employees	68	65%	(44)		
Patient care employees	97	61%	(59)	4.33	<.05
Other employees	260	48%	(126)		
Day shift employees	303	55%	(166)	7.05	<.01
Other shift employees	54	35%	(19)		
Empl. with male supvs.	181	57%	(104)	4.67	<.05
Empl. with female supvs.	176	46%	(81)		
Empl. with military supvs.	219	59%	(130)	12.90	<.01
Empl. with civilian supvs.	138	40%	(55)		

Issue 6 - Training

A scale of eight items was used to assess civilian employee opinions about training at NHJAX. The survey items addressed the availability of training opportunities, whether employees had equal opportunities to attend training, and about the quality and quantity of training received. *Fifty-three percent* of all respondents expressed satisfaction with this issue and only one of the demographic groups compared in figure 11 had a statistically significant difference in satisfaction rates.
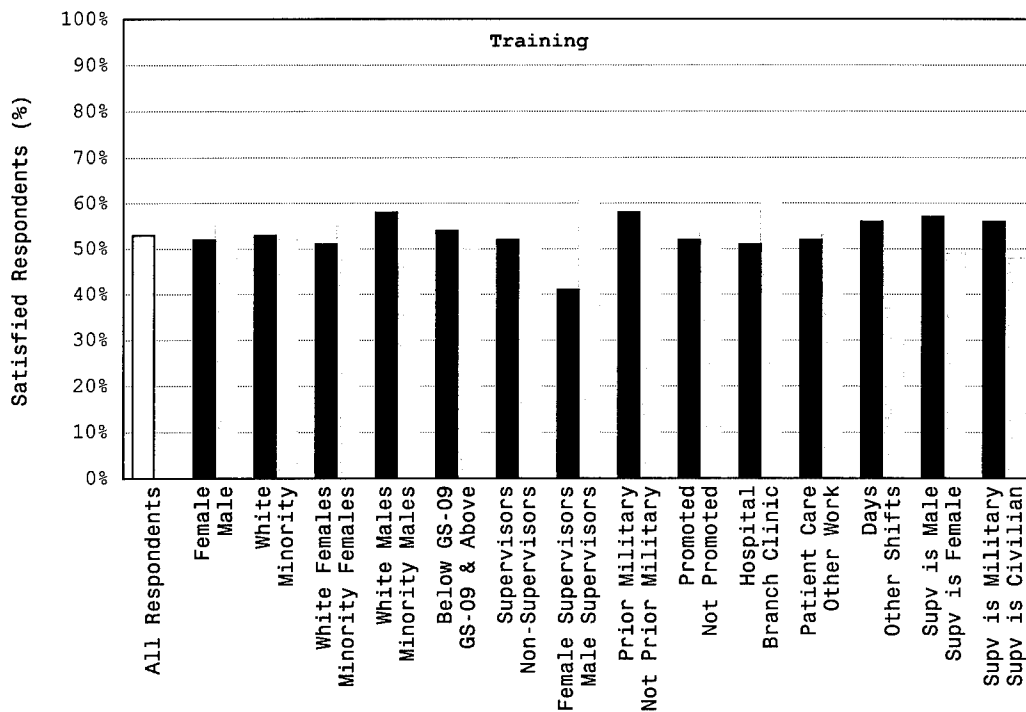
Fig. 11. Comparison of satisfaction rates between selected demographic variables for Dimension 6, Training.

Employees who work days were more satisfied (56%) than their counterparts who work other shifts (37%) ($\chi 2$ = 6.46, p<.05). In

fact, the non-day workers rate of satisfaction with training was lower than for any other group. This finding is supported by other studies which have shown that evening and night shift workers often feel more isolated from the organization (Holdnak, Harsh, and Bushardt 1993; Eubanks 1991a). The non-day workers may feel that they are overlooked when it comes to training opportunities.

Length of employment at the NHJAX was **negatively correlated** with training satisfaction (p<.05), indicating that those employed longer had lower rates of satisfaction than newer employees. Although not shown in figure 11, married employees also expressed a higher satisfaction rate (56%) than single employees (43%) ($\chi 2$ = 4.97, p<.05) and, again, employees who did not make written comments had a higher rate (61%) than those who did make comments (43%) ($\chi 2$ = 11.06, p<.01).

Issue 7 - Command Support and Commitment

Ten items were included in the scale to assess employees satisfaction with the level of command support and commitment to them. The questions addressed such areas as the concern for employees by upper management, commitment to employees welfare and advancement, and organizational dedication to quality and cost effective operations. Respondents had an overall satisfaction rate of **fifty-five percent** on this issue as shown in figure 12, the third highest rate of the seven dimensions.
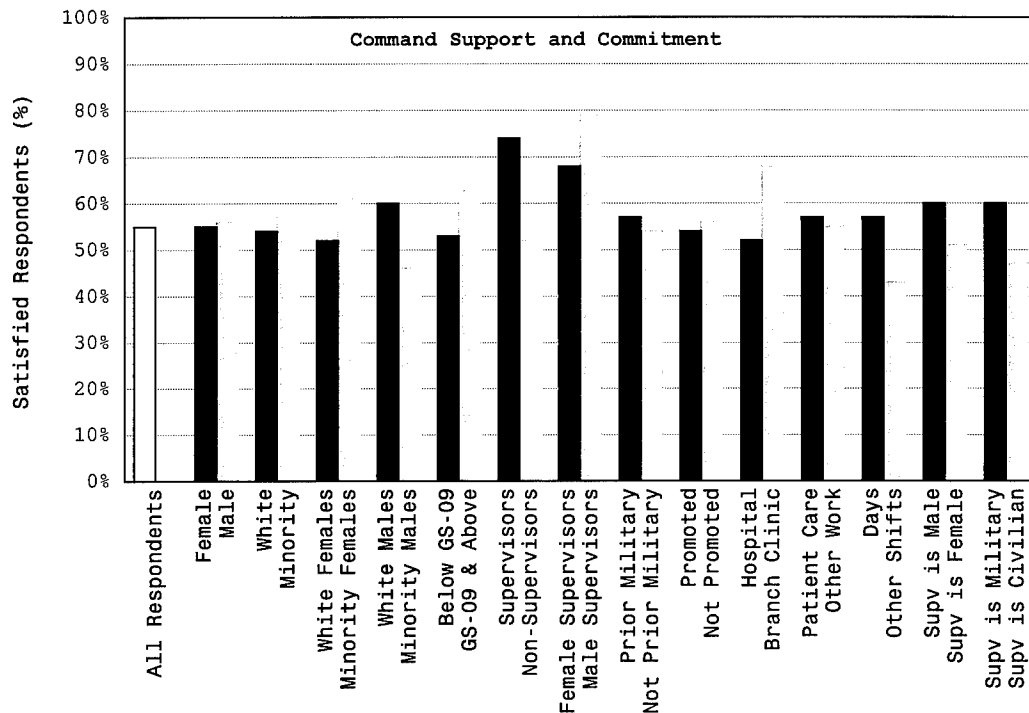
Fig. 12. Comparison of satisfaction rates between selected demographic variables for Dimension 7, Command Support and Commitment.

This dimension also had several areas where statistically significant differences exist between the satisfaction rates as shown in table 14. Like some previous dimensions, supervisors are more satisfied than non-supervisory employees. By the nature of their position, supervisors may feel more a part of the organizational decision making structure, a possible factor in their higher satisfaction levels.

Table 14.--Differences in satisfaction rates for "Command Support and Commitment"

Demographic Variable Group	Total (N)	Satisfied Respondents		χ^2	Prob.
Supervisors	46	74%	(34)	7.50	<.01
Non-supervisors	311	52%	(163)		
Hospital employees	289	52%	(151)	5.28	<.05
Branch clinic employees	68	68%	(46)		
Day shift employees	303	57%	(174)	4.08	<.05
Other shift employees	54	43%	(23)		
Empl. with military supvs.	219	60%	(132)	5.94	<.05
Empl. with civilian supvs.	138	47%	(65)		

Correlation analysis ($\underline{r}$) revealed that length of employment at the command was **negatively correlated** (p<.01) with satisfaction, meaning employees with less time on the job were more satisfied with the level of commitment and support by the command than were employees with greater lengths of service. Employees who did not make written comments on the survey also had higher satisfaction rates (62%) than employees who did record additional comments (45%) (χ2 = 9.03, p<.01).

Overall Employee Satisfaction

Considering responses from all fifty-seven questions of the seven dimension scales provides a picture of overall employee satisfaction. This consolidated scale combines the factors associated with each of the other seven and resulted in an overall satisfaction rating of **sixty-four percent**. Like the

individual dimensions, satisfaction rates were compared for various demographic characteristics of the respondents as shown in figure 13.
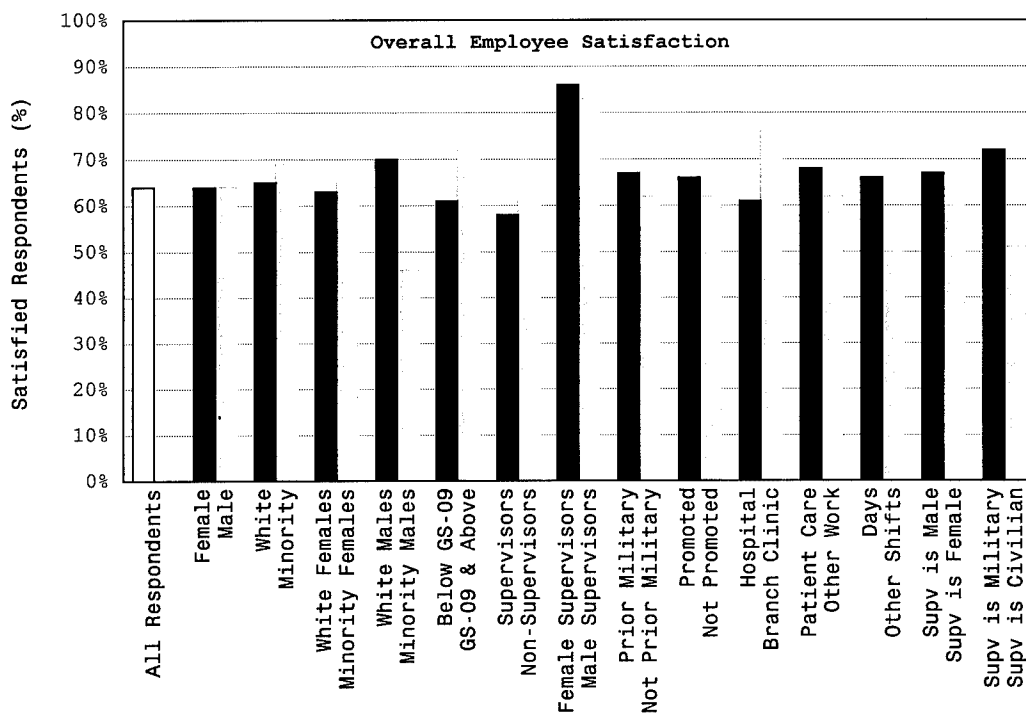
Fig. 13. Comparison of satisfaction rates between selected demographic variables for Overall Employee Satisfaction.

Table 15 identifies seven different comparison groups which had significant differences between satisfaction rates. Other than the training dimension, the overall satisfaction scale was the only one for which there was a significant difference in satisfaction between married (68%) and single (54%) respondents. In addition, employees who did not make written comments on the survey expressed a higher satisfaction rate (71%) than those who did record additional comments (55%) ($\chi2 = 10.20$, $p<.01$).

Table 15.--Difference in satisfaction rates for "Overall Employee Satisfaction"

Demographic Variable Group	Total (N)	Satisfied Respondents		χ^2	Prob.
Single employees	95	54%	(51)	5.81	<.05
Married employees	262	68%	(177)		
White male employees	67	70%	(47)	4.52	<.05
Minority male employees	24	46%	(11)		
Employees below GS-09	257	61%	(156)	3.98	<.05
Employees GS-09 and above	100	72%	(72)		
Supervisors	46	85%	(39)	10.02	<.01
Non-supervisors	311	61%	(189)		
Hospital employees	289	61%	(176)	5.79	<.05
Branch clinic employees	68	76%	(52)		
Day shift employees	303	66%	(201)	5.30	<.05
Other shift employees	54	50%	(27)		
Empl. with military supvs.	219	72%	(157)	15.03	<.01
Empl. with civilian supvs.	138	51%	(71)		

A final difference which affected six of the seven dimensions and the overall employee satisfaction scale involved a correlation between satisfaction and the directorate in which an employee is assigned. With the exception of the job satisfaction dimension, employees assigned to the Administrative Directorate expressed statistically significant, lower satisfaction rates than those assigned to other hospital areas or to the branch clinics. Possible reasons for this finding are outlined and discussed in Chapter 4.

CHAPTER 4

DISCUSSION AND CONCLUSIONS

So to what degree has Naval Hospital, Jacksonville, as an organizational entity, engendered a work environment in which its civilian employees are reasonably satisfied, informed, utilized, and included in command operations and functions? With the exception of the advancement and recognition issues (primarily advancement), it seems that the employees did indicate a level of satisfaction that supports the contention that they are reasonably content and included in the organization (sixty-four percent expressed overall satisfaction). That is not to say, however, that there are not areas which would benefit from additional attention or modification of current practices to improve the worklives of civilian employees at the Naval Hospital. Review of the areas of strongest employee satisfaction (the job satisfaction and supervision dimensions, and overall employee satisfaction) may help identify positive aspects in the organization which may have applicability in those areas where employee satisfaction was not as high.

While it was reasonable to expect some "typical" employee complaints and comments to be expressed (e.g., inadequate wages and benefits), not all of those could be adequately addressed or

resolved within the scope of this project. Federal civil service pay policies and similar items are centrally established and not readily adjustable locally. However, I did expect to identify issues which could be addressed and resolved through local efforts. The comprehensive statistical analysis of gathered data and resultant identification of relationships between certain employee groups and potential organizational weaknesses may be able to help the command focus management efforts and resources.

Hopefully, senior management can gain an increased awareness of the attitudes and opinions expressed by civilian employees if the survey process was properly carried out and the results are clearly reported and distributed. The survey information may help the organization identify needed changes in local command policies which may have adversely affected the civilian workforce. I also believe that the post-survey process of addressing findings, looking for solutions, and making recommendations can be enhanced by establishing employee work groups which include civilian representatives.

Summary of Differences Between Satisfaction Rates

There are a great number of ways to compare and analyze the data obtained from the respondents, but identification of certain key differences will help focus discussion and improvement efforts. Analysis of the satisfaction rates from each of the seven dimensions and the overall employee satisfaction scale shows that each had a *high, positive correlation* (p<.01) with the

others. This supports the relationship between the dimensions as
shown in figure 14 and means that individuals who scored high on
one scale tended to score high on each of the others as well. As
a result, less emphasis will be focused on scale-to-scale rate
comparisons than on comparisons and analysis of the relationships
between select demographic variables and the coded scale
satisfaction rates.
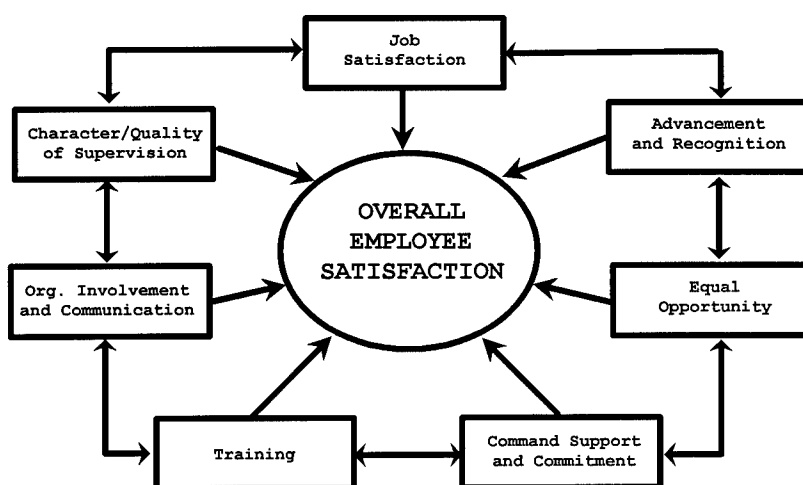
Fig. 14. Relationship between dimensions of
overall employee satisfaction.

A complete summary of the key differences in satisfaction
rates discussed in the previous chapter is shown in table 16.
The table helps provide a picture of where there was the most
variation among groups of employees by specific dimension and
among which groups significant differences in satisfaction were
expressed. Each of these is further discussed in the following
sections along with select comments from survey participants.

Table 16.--Significant satisfaction rate differences by dimension scale and demographic group (a)

VARIABLE	Job Sat	Char/Qual of Supv	Adv/Recog.	Org Inv. & Comm.	Equal Op	Training	Cmd Supt & Commit	OVERALL SAT	VARIABLE
Female	-	-	-	-	-	-	-	-	Male
Older Employees (b)	▼	-	-	-	-	-	-	-	Younger Employees
Married	-	-	-	-	-	▼	-	▼	Single
White	-	-	-	-	-	-	-	-	Minority
White Female	-	-	-	-	▼	-	-	-	Minority Female
White Male	-	-	-	-	▼	-	-	▼	Minority Male
GS-09 and Above	-	-	-	▼	▼	-	-	▼	Below GS-09
Higher Educ Level (c)	-	-	-	-	-	-	-	-	Lower Educ Level
Longer Civil Service (d)	-	-	-	-	-	-	-	-	Shorter Civil Service
Shorter Employment (e)	-	-	▼	▼	▼	▼	▼	-	Longer Employement
Supervisors	-	▼	▼	▼	▼	-	▼	▼	Non-Supervisors
Male Supervisors	-	-	▼	-	-	-	-	-	Female Supervisors
Prior Military	-	-	-	▼	-	-	-	-	Not Prior Military
Promoted	▼	-	-	-	-	-	-	-	Not Promoted
Branch Clinics	-	-	-	▼	▼	-	▼	▼	Hospital
Patient Care	-	-	-	-	▼	-	-	-	Other Work
Days	-	-	-	-	▼	▼	▼	▼	Other Shifts
Supervisor is Male	-	-	-	-	▼	-	-	-	Supervisor is Female
Supervisor is Military	-	▼	-	▼	▼	-	▼	▼	Supervisor is Civilian
TOTAL RATE DIFFERENCES	2	2	3	6	10	3	5	7	

(a) ▼ Arrow direction indicates the variable with a statistically significant, higher rate of satisfaction (by chi-square analysis).

(b) Based on the mean age of 43.89 years and older.
(c) Based on the mean education level of 14.09 years or more.
(d) Based on the mean total civil service employment of 10.76 years or more.
(e) Based on a length of employment at NHJAX of less than the mean of 5.93 years.

55

Although most of the nineteen demographic comparisons in table 16 showed at least one significant difference in satisfaction rates by issue, four of the groups demonstrated no significant differences (gender, white vs. minority females, education level, and length of overall civil service employment). There were, however, five groups (length of NHJAX employment, supervisory status, hospital vs. branch clinic employees, day vs. shift workers, and employees with military vs. civilian supervisors) which had significant satisfaction rate differences on four or more of the eight scales. Visual comparisons of the satisfaction rates for these five groups are shown in figures 15 through 19.

Job Satisfaction

Nearly everyone (85%) expressed satisfaction with their individual jobs (Dimension 1) and only two groups had significantly higher satisfaction rates than their counterparts, employees older than the mean survey age, and those who have been promoted at NHJAX. In fact, in the all demographic combinations analyzed at least seventy-five percent of the respondents expressed satisfaction with their jobs. It seems reasonable that employees who have been promoted in an organization would express higher satisfaction rates. They have been recognized by the organization, at least in part, for their efforts and length of service, likely giving them a greater sense of personal pride and belonging.
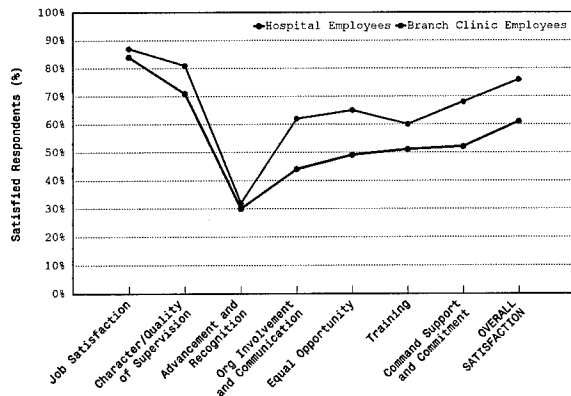
Fig. 15. Satisfaction rates for hospital vs. branch clinic workers.
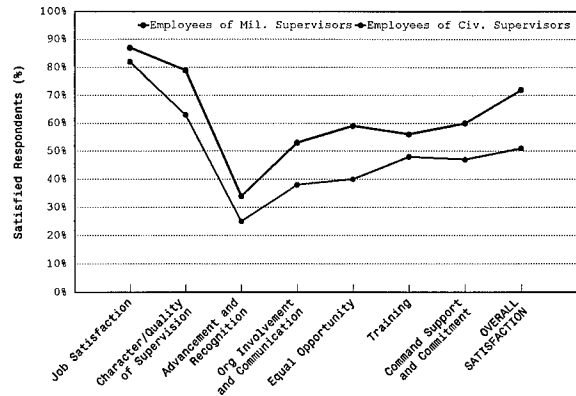
Fig. 16. Satisfaction rates for employees with mil/civ supervisors.
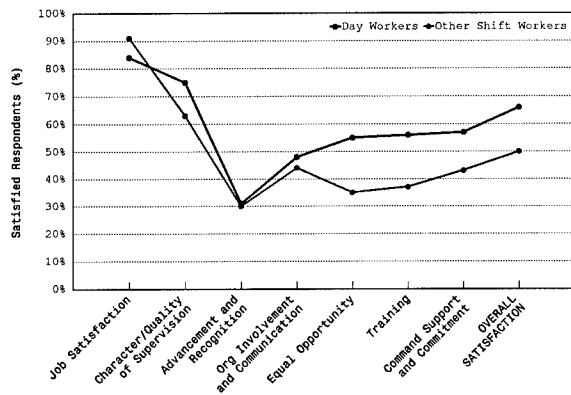
Fig. 17. Satisfaction rates for day vs. other shift workers.
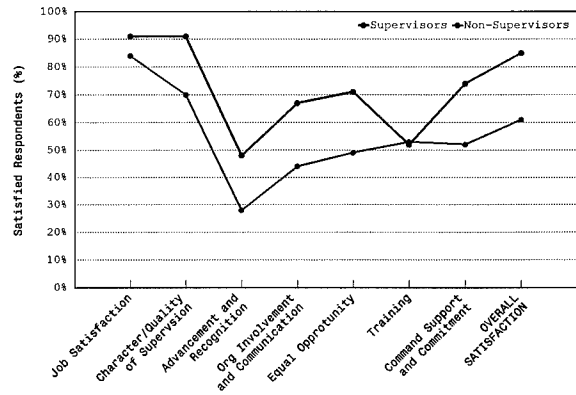
Fig. 18. Satisfaction rates for supervisors and non-supervisors.
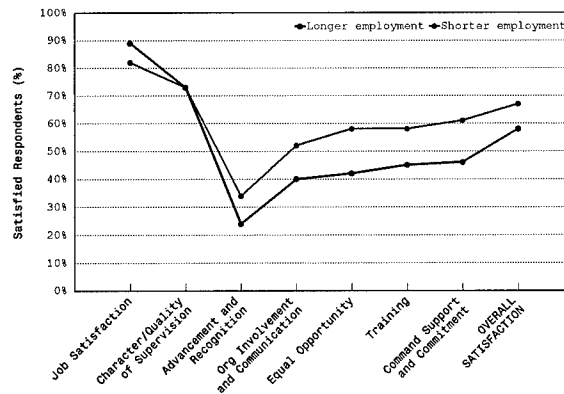
Fig. 19. Satisfaction rates for length of NHJAX employment.

Promoted respondents responded more positively to item #71 on the survey which stated, "I would have to receive a very good job offer before I would leave my current job." Older employees were also more positive in answering the same question, although their hesitation to leave may have been more tied to longevity in the organization. They may be more hesitant to leave an existing position for another, regardless of the potential of the new position.

Supervision

There were also only two groups with significantly higher rates of satisfaction for Dimension 2, "Character and Quality of Supervision," employees who are supervisors themselves and employees with military supervisors. It seems almost self-apparent that supervisors would express higher satisfaction with the issue of supervision than non-supervisors. But why would employees with military supervisors be more satisfied than those with civilian supervisors? It may be partially due to a feeling that military supervisors allow employees more leeway or freedom in carrying out responsibilities because the military supervisors are less familiar with the civil service system. Rather than create "problems," they may appear to allow civilians to work more independently.

However, two questions included in the supervision scale (shown below) may provide a more reasonable explanation of the satisfaction difference.

28. My supervisor encourages free and open communication.

44. My supervisor understands my job requirements.

Employees with military supervisors more strongly agreed with each statement than those with civilian supervisors. Communication has been tied to many facets of employee satisfaction and is an important factor in organizational health. The employees may also feel more appreciated and included when they think "the boss" understands their job.

An additional area of possible advantage for military supervisors involves the amount of training received. More than two-thirds of all respondents felt that military personnel receive more training than civilian employees. If this is indeed true, then military supervisors may actually be better equipped to handle their supervisory responsibilities partly on the basis of having had more supervisory training.

Advancement and Recognition

With this scale receiving the lowest satisfaction rate of any in the survey (31% overall), it would be logical to attempt to focus improvement efforts in this area. The dissatisfaction is consistent across all employee demographic categories analyzed, with only those who are supervisors expressing greater

than forty percent satisfaction (48%). That supervisors would express greater satisfaction is no surprise - supervisors have often been promoted to reach their current positions and may also be more frequently recognized for their accomplishments.

The advancement issue may be one of the most difficult to address, however, since civil service employment and promotion policies are not readily changed at the local level. A number of survey respondents commented about "dead-end" jobs at the command. In fact, over two-thirds of the positions at the command are of lower grade levels (GS-08 or below) that involve office automation and secretarial-type duties, positions which historically have few promotion opportunities. Many of the higher level or technical positions in a military hospital are established for and filled by military personnel. It may be possible to adjust some positions to a series (e.g., GS-3/4/5) to allow greater potential for individual promotions within a position. One respondent echoed this sentiment in saying:

> The employees of this hospital (especially the clerical workers of a non-professional billet) are in dire need [of] advancement or restructuring of their position descriptions. Doesn't sound cost effective? The command would retain many good employees. Each time an employee leaves the command, it costs the government money to replace that employee when his position becomes vacant and production is at a standstill. It would be advantageous if Naval Hospital Jacksonville implement an advancement program to help develop, promote and serve the needs of the employees as well as the command.

Other authors agree that reducing turnover can be a financially sound goal for organizations (Kazemak and Shomaker 1990;

Featherston and Bednarek 1981). The changing size and structure of the military forces may also provide increased civilian employee opportunities if military personnel strength is reduced.

Employee recognition may be an area where concentration of efforts could provide great dividends for the organization. Although fewer employees were dissatisfied with the level of recognition than with advancement opportunities, there were still less than forty-five percent of the respondents who expressed satisfaction with recognition in the organization. The following comments by survey respondents was typical of the sentiments expressed about recognition for civilians within the command.

> I feel that any recognition this command gives to the civilians has always been initiated by the civilians and we get a little annoyed by having to ring our own bell.
>
> Military personnel are always rewarded with letter of appreciation or Navy Commendation Medals regardless if they were an average sailor or made actual achievement to the command. On the other hand many civilians make accomplishments but are rarely rewarded for it.
>
> It's sad to see that military personnel receive [achievement medals] or letters of recommendation or commendations for jobs well done, [while] civilians who have done some of the same jobs as those military personnel may receive a outstanding on their [performance appraisals] but then gets filed away in their records.
>
> In short, I do not feel that the civilians of this command get what they earn. The CO/XO of this command are great. The same cannot be said for too many of their subordinates. Civilians are very much like sailors - a happy civilian produces beyond the expected. An unhappy civilian gives only enough to get by.

While financial rewards and recognition are often highly desirable, they can also be difficult to incorporate into an

institution's limited financial resource structure. Non-monetary rewards and recognition, however, can be a source of increased motivation and satisfaction for employees (Eubanks 1991; Chase 1985; Health Serv Mgr 1980). What form these non-financial rewards takes is often less important than the actual consistent use of recognition rewards to acknowledge to the often substantial contributions of employees.

Organizational Involvement and Communication

With the second lowest satisfaction rating (47%) of the seven dimensions, this issue provides another indication of possible concentration of efforts to improve organizational health. There were seven items included in the scale and the two with the lowest average scores (shown below) may provide some indication of where increased efforts would be most effective.

25. I often do not hear about changes to policies or procedures.

62. I feel I have a say in what goes on at this command.

The employee sentiment in response to the survey statements was also verbalized in written survey comments from them as shown in the following examples.

Info is passed to enlisted every AM, officers have staff meetings - civilians only source is "grapevine."

Info is not passed to staff. It's given out little pieces of information at a time, but more is learned through outside sources than [from] department heads.

> Civilian employees make up 1/3 of the Command's staff,
> yet there are no civilian in key decision making,
> authoritative positions. The directors are all military
> and all male. Every clinical department head is a
> military and male, in fact almost every department head
> throughout the Command is male except for nursing
> services, and those few departments with female heads are
> almost [all] "traditional female roles."

The flow of information to and between all levels within an organization is one essential ingredient in maintaining a motivated workforce who feel involved in day-to-day operations and a contributing part of the decision-making process (Scott 1993; Davidhizar 1991; McConnell 1987). Including an increased number of civilian employees in key positions, boards, and committees over time can also help increase the level of civilian employee involvement in the organization and potentially lessen the feeling of alienation.

Equal Opportunity

Ten of the nineteen demographic groups analyzed had significant differences in satisfaction rates for Dimension 5, Equal Opportunity, more than for any other scale. Although there were broad differences among the groups the respondents did rate the scale question (item #26) regarding their "equal opportunity to participate in command activities" higher than any other on the scale. The statement rated lowest (item #45) asked about the fairness of the performance appraisal system and respondents also made a number of written comments about performance appraisal at the command.

There were differences in satisfaction between minority and white employees on this issue and between minority male employees and white males, although no significant difference was found between white and minority females. However, the differences found are not necessarily attributable to only the employees' race or ethnic background. In a comparative study of black and white nurses at a hospital in the western United States, Beaty (1990) found that the relationship between race and job satisfaction is highly complex. His findings suggest that a number of cultural, social, hierarchial position, and relative deprivation issues contribute to variations in job satisfaction, rather than differences in race alone.

As with most of the other dimensions, a respondent's supervisory status produced significant differences in satisfaction. Supervisors expressed higher satisfaction (72%) than non-supervisors (49%). Somewhat in contrast, however, was the fact that the employees least likely to be supervisors - those in lower civil service grades and those with shorter lengths of employment at NHJAX - had significantly higher satisfaction rates than their counterparts. Whether these newer and likely younger employees are happier because they have not been "tainted" by the Federal civil service system or have not yet experienced problems at the command is unclear. However, their higher satisfaction may be attributable to recent improvements in the working environment for civilians at NHJAX as

evidenced by the many positive, written comments (examples below)
on the survey.

> I think most military and civilian personnel at this
> command work well with the other. I'm proud to work and
> serve in this command.

> First, I appreciate the CO for giving each staff
> (military & civilian) employee 8 hours administrative
> leave for the hard work accomplished during the
> [Inspector General] inspection. I like the idea of him
> being <u>fair</u> and <u>treating</u> each employee <u>equally</u>.

> There has been a vast improvement in how civilian
> employees are treated at this command since I reported on
> board in September 1990.

Employees with military supervisors again had higher
satisfaction rates (59%) than those with civilian supervisors
(40%), but on this issue there was also a significantly higher
satisfaction rate for employees with male supervisors (57%)
versus those with female supervisors (46%). Equal opportunity is
the only dimension where this difference was present. While it
is not unusual for supervisors to express higher satisfaction,
why would employees with male supervisors be more satisfied with
the equal opportunity issue? The percentage of employees with
male (51%) and female (49%) supervisors was very close, so it is
unlikely that the satisfaction rate difference is due to
mathematical variations caused by small/large samples
comparisons. Because there are no readily apparent reasons for
the difference and it was not present on any of the other
dimensions, data from future surveys may be required to validate
and further investigate this occurrence.

Several other significant satisfaction rate differences were also evident on the issue of equal opportunity. Branch clinic workers, patient care workers, and day workers were all more satisfied than their counterparts at the main hospital, in non-patient care jobs, and working other shifts, respectively. However, the difference seems logical in each case. Branch clinic employees work in a much smaller organization and generally can be more involved in activities because of the size of the unit. Personnel working other shifts often express a feeling of alienation or "being left out" of activities because their work schedule precludes their involvement in many command functions or activities (Eubanks 1991a). Employees working in direct patient care may feel greater satisfaction because of their perceived, daily ability to help others. This contention is supported by the patient care workers' higher mean score on item #22 regarding the satisfaction received from having the chance to help other people on the job.

Training

Training was the fifth most frequently mentioned issue in written comments by survey respondents, although fifty-three percent of the employees expressed overall satisfaction with this dimension. Many of the comments centered around the perception that military members have more opportunities to attend needed training classes and conferences.

> Training is lacking in a big way. Support for those who try to get the training they need is non-existent.
>
> The Navy has a responsibility to support both military and civilian personnel, but I find there is a double standard when it comes to offering training to the civilian employees.
>
> Military co-workers are able to go TAD [for] 2,3, or 4 days to attend seminars which are job-related. When civilians try to do this, we are denied due to "no money" or [because] staffing does not permit.

In addition, the second lowest, mean item score on the survey was for item #19 concerning the employees lack of opportunity to attend more training. Regarding training, only three demographic groups demonstrated higher satisfaction rates than their counterparts - married employees, employees with less time at NHJAX, and day shift workers. That married workers would have a greater satisfaction rate than single employees seems unusual and possible reasons are not clear from survey responses or written comments. As with previous issues, employees with shorter lengths of employment at the command may be more satisfied because of actual and/or perceived changes in treatment and utilization of civilians in recent years. However, the difference could be attributable to the newer employees limited understanding of training selection policies and practices at the command. Again as previously discussed, non-day shift workers at this command may not hear about potential training classes or feel that they have the same opportunity to attend as other civilian employees.

Based on the survey responses and associated written comments it seems that civilian employee perceive limitations on their ability to attend training they see as important for their jobs and careers. Like many of the other issues, improved communication about the availability of training opportunities and the criteria followed to select personnel to attend training may enhance civilian employee understanding of the process and priorities and increase their satisfaction with this dimension of overall employee satisfaction.

Command Support and Commitment

Of the ten items included in the scale for this dimension, only the four items shown below had negative mean scores, expressing dissatisfaction from survey respondents.

24. Civilian employees are overlooked at this command.

32. The command is not committed to my personal growth and advancement.

56. Command commitment to my personal welfare is lacking.

63. Upper management is involved in employees' concerns.

The focus of the questions may help identify reasons that some employees (45%) are dissatisfied with the level of command support and commitment at the Naval Hospital. Each deals with some aspect of the employees feeling of importance to the command and the level of involvement and concern of senior management personnel, prominent issues with employees (Sherer 1993). These concerns were also expressed in a number of written comments:

> Management creates poor morale between military and
> civilians by treating military with favoritism.

> True or not, my impression is that the attitude of the
> "command" toward civilian employees is benign tolerance.
> There is preaching, but no practicing.

> Why are military so adverse to civilians working
> alternate work schedules?

The five most common areas of satisfaction rate differences

on the other dimensions produced significant differences in rates

for this dimension as well - shorter length of employment (61%)

vs. longer (46%), supervisors (74%) vs. non-supervisors (52%),

branch clinic employees (68%) vs. hospital workers (52%), day

shift (57%) vs. other shift workers (43%), and employees with

military (60%) vs. civilian (47%) supervisors. The only one of

these differences that seems unusual for this dimension is the

difference between employees with military or civilian

supervisors. If military personnel are indeed more involved in

command functions (as supervisors, department heads, committee

and board members, etc.) as they are viewed by civilian

employees, then the difference may be partially attributable to

the military supervisors greater knowledge of current command

policies, procedures, and events. Their knowledge may be used to

keep civilian employees under their supervision more informed

and, as a result, the employees feel more involved in the command

and more knowledgeable about senior management's goals and

directions.

Overall Employee Satisfaction and Survey Usefulness

Could an organization expect a higher overall employee satisfaction rate than the sixty-four percent attained in this study? When almost two-thirds of your employees are "satisfied," what steps can be taken to demonstrate additional improvement? I believe it is important to focus on the areas of significant differences in satisfaction rates to help identify those areas needing attention or improvement. The overall satisfaction scale had the second highest number of significant rate differences (7) among the demographic groupings analyzed as shown in table 17.

Table 17.--Significant satisfaction rate differences by demographic group for overall employee satisfaction scale

Higher Satisfaction * Rate Variable	Lower Satisfaction Rate Variable
Married (68%)	Single (54%)
White Male (70%)	Minority Male (46%)
GS-09 and Above (72%)	Below GS-09 (61%)
Supervisors (85%)	Non-Supervisors (61%)
Branch Clinic (76%)	Hospital (61%)
Day Shift Workers (66%)	Other Shifts Workers (50%)
Supervisor is Military (72%)	Supervisor is Civilian (51%)

* Statistically significant difference in rate of satisfaction determined by chi-square analysis (p<.05).

The overall satisfaction scale is only the second instance where married employees and white male employees had significantly higher satisfaction rates than single respondents

and minority male respondents, respectively. The other five category differences occurred on three or more instances. The rate differences on the overall scale, however, are likely attributable to low satisfaction rates reported on one or more of the other dimensions previously discussed, since the overall scale is a composite of the other dimension scales.

There was almost universal agreement from participants that they wanted to know the results of this study. That question attained the highest mean score (4.34 on the 5-point scale) of all survey items. Interestingly, there was a high, positive correlation ($p<.01$) between respondents who wanted to know the results of the study and those who made written comments. However, as previously discussed, employees who expressed dissatisfaction with survey issues were also more likely to make written comments.

Survey respondents were generally positive in their responses to survey items regarding the use of the survey information to improve the organization. Responses to the questions also had high, positive correlations ($p<.01$) with satisfied respondents on each of the seven dimensions and the overall satisfaction scale. Written comments about survey usefulness, however, varied widely as shown below.

> Thanks for asking. Nice to know the command is interested. We should do this for all groups.

> This survey answers many concerns and problems being civilian which to me would be important to change, provide or maintain a better work place.

I think this survey is a good idea. It gives one a
chance to express some of their feelings, both good and
bad in an anonymous way without fear of reprisal.

This survey in my own opinion will not in anyway change
the existing condition in this organization.

This survey is useless! The civil service system will
never change!

This survey is a waste of government time and money. How
many have we seen over the years? Too many to count.
What were the results? None.

Work Site Satisfaction Differences

Although not displayed in the table 16 summary, differences
in satisfaction rates based on the directorate assignment of
survey respondents was also reviewed. For the overall employee
satisfaction scale and six of the seven dimensions assessed,
employees assigned in the Administrative Directorate were
significantly less satisfied than employees assigned to any other
directorate or to a branch clinic. However, there was no
statistically significant difference between satisfaction rates
on the job satisfaction dimension.

Future surveys will likely be required to reassess this
finding, but there may be several reasons apparent in the current
data to partially explain the higher dissatisfaction rates for
Administrative Directorate employees. The Administrative
Directorate has more than twice as many employees and survey
respondents (191 employees - 37% of all civilians; 129 survey
responses - 36% of all respondents) as any other directorate. In
addition, all housekeeping and dietary employees at the command

work in the directorate. These occupations are typically comprised of employees with lower skill and education levels, and often have higher concentrations of minority employees.

In fact, almost forty percent of the minority survey respondents were from this directorate. While this study did not reveal many significant differences in satisfaction based on educational level or race/ethnic background, other research has found decreased levels of satisfaction among minority employees and employees in lower skill/educational level jobs (Beaty 1989; Sneed and Herman 1990).

Table 18 identifies the five demographic groups for which there were the most statistically significant differences in satisfaction rates on the survey scales. With the exception of the work site category (branch vs. hospital), the Administrative Directorate accounted for a substantial percentage of the number of employees in the lower satisfaction categories. For the supervisory status category, the Administrative Directorate accounted for more than one-third of all non-supervisory personnel (113 of 311) in the study. Respondents from the directorate also reported the highest percentage of employees with civilian supervisors (75%, 97 of 129 had civilian supervisors), more than double percentage of any other work area.

Table 18.--Demographic groups with the most frequent occurrence of significant differences in satisfaction rates

Higher Satisfaction	Lower Satisfaction	Number of Occurrences *
Supervisors	Non-Supervisors	6
Supervisor is Military	Supervisor is Civilian	5
Shorter Employment	Longer Employment	5
Day Shift Workers	Other Shifts Workers	4
Branch Clinic	Hospital	4

* Out of eight scales incorporated in the survey instrument (seven dimensions and the overall satisfaction scale).

Respondents also reported the second highest percentage (43%) of employees with more than the overall mean length of employment at the command (5.93 years). Although the Ancillary Services Directorate had the highest percentage of long-term employees (44%), it also had the highest concentration of supervisory personnel (a high satisfaction rate group) responding to the survey. In addition, the Administrative Directorate had the second highest percentage of non-day shift worker (19%) respondents, workers who expressed significantly lower satisfaction rates on four dimensions/scales.

While none of these factors alone fully explains the lower satisfaction rates for employees in the Administrative Directorate, taken in concert, they do seem to provide a reasonable explanation. With higher concentrations of the categories of employees who expressed dissatisfaction with survey

issues found in the directorate, the resultant, comparatively lower satisfaction rates would be expected.

Study Limitations

One of the greatest limitations associated with performing a new employee survey is the lack of comparative data from previous studies (Cooper 1982). If the same survey instrument had previously been used with the same population of employees, comparisons and trend analyses could have been performed. In this case, however, there is no previous data available and the survey instrument was used for the first time in this study. Information from other institutions may have been available for partial comparisons, but if a standardized questionnaire was not used, comparisons become less valid and of questionable value (Fonvielle 1982).

Although an expert panel reviewed the items included in each scale of the survey instrument, one review alone cannot absolutely ensure the content validity of the instrument (DeVaus 1986). In other words, are we measuring what we think we are measuring. A pre-survey pilot test was completed to assess the reliability and unidimensionality of the scales included in the instrument and the reliability testing was repeated using the actual survey data after the instrument had been modified based on the expert panel and pre-survey pilot tests. The "alphas" associated item-to-item correlations for each scale exceeded the pre-established criteria (0.70), but, again, repeated use and

further testing of the survey instrument would be preferred.

A final area of study limitation involves the "advancement and recognition" scale incorporated in the survey instrument. While the scale demonstrated reliability during pre-survey and actual study data testing, I have some lingering doubts about the combination of the two issue areas. The scale included nine items with three relating to advancement and six associated with recognition and rewards. Additional analysis found the separate recognition scale to be reliable, but the advancement scale of three questions only achieved an alpha of 0.58. I would strongly recommend that before future use of the survey instrument, at least three additional questions be added relating to advancement. Two separate scales - one for advancement and one for recognition and rewards - could then be incorporated in the form and tested for validity and reliability individually.

Summary

Why would an organization decide to survey its employees? To identify potential or existing problems? To assess opinions about pending policy changes? To improve internal communications? While each of these alone may be a legitimate objective, the employee survey process can serve all of these purposes. What may be more important than actual survey results is the management response to information obtained. If the results are held "secret" or released only to a few senior managers, the efforts expended on the process may result in a loss of valuable

resources without benefit. Failing to include those surveyed in the information evaluation and recommendation process may also limit possible benefits. If the organization elects to dedicate resources to survey employees, it is essential that they do so through a process involving a comprehensive survey, appropriate information evaluation, development of recommendations, and implementation follow-up.

Each of the four primary objectives outlined in Chapter 1 has been met through analysis and discussion of survey data and presentation of associated recommendations in Chapter 5. Issues important to civilian employees which may require concentration of current efforts and resources or inclusion in long-term strategic planning initiatives have been identified. Communication with civilian employees has been enhanced through the survey process by allowing them to express their opinions and concerns.

In addition, I hope to be able to expand their involvement in the command by eliciting their assistance in reviewing survey findings and recommendations, and implementing viable solutions to improve the overall work environment. The final objective involved the development of a valid and reliable survey instrument for future use and follow-up assessments. Although not perfect, the locally-developed, survey instrument proved to be reliable on repeated testing and can be used in the future at this command or at other military health care facilities.

CHAPTER 5

RECOMMENDATIONS

> Overall, the "temperature" of the command seems
> to be 98.6 degrees. Thanks for this opportunity.
>
> Survey Respondent

General Comments

Whether or not the climate of the command is "normal" -
98.6 degrees as phrased by one employee - is still somewhat in
question without appropriate comparative data to use as a gauge.
Future use of the survey instrument will provide additional data
for comparison and trend analysis, important aspects of any
survey process. However, "satisfied" employees accounted for
almost *two-thirds* of all survey respondents and almost seventy
percent of all civilian employees at the command participated in
the survey. In addition, the participants closely matched the
demographic characteristics of the entire NHJAX civilian
population, providing a highly representative sample for analysis
and broader generalization of findings.

So if the majority of civilian employees survey
participants at the Naval Hospital are satisfied with their jobs
(85%) and with the supervision they receive (73%), what areas may
require organizational attention to improve the overall employee
satisfaction rate of sixty-four percent? Job satisfaction and

supervision are only two dimensions of overall satisfaction and the other five dimensions did have substantially lower rates of satisfaction as shown again in figure 20.
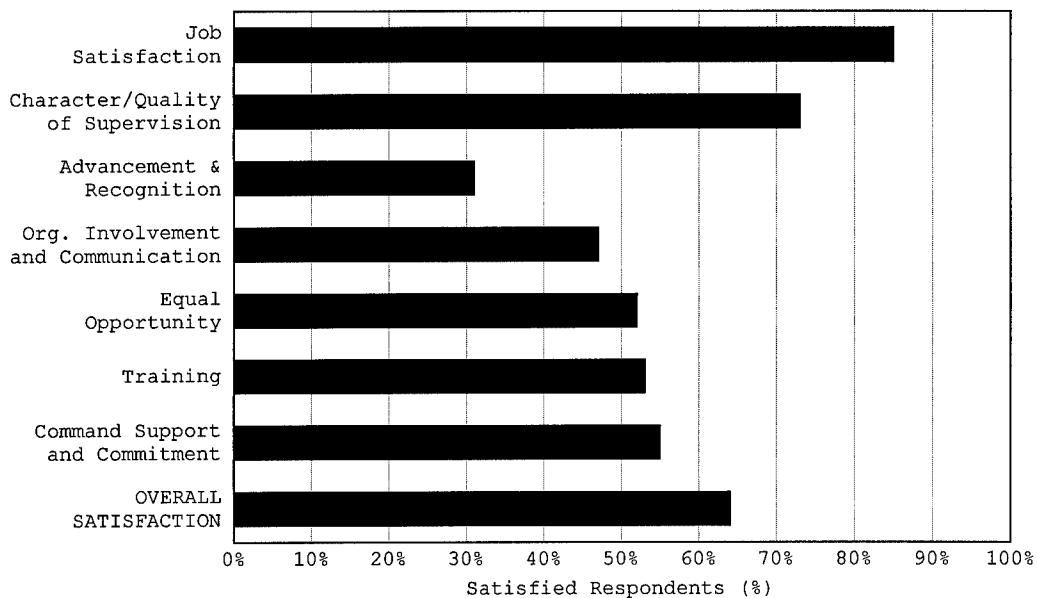
Fig. 20. Satisfaction rates for all respondents.

Initial improvement efforts should generally focus on the areas of lowest employee satisfaction and on issues for which reasonable solutions may be easier to identify and implement. In other words, "grab the low hanging fruit first" and initiate rapid, effective changes to demonstrate management's commitment to improving the worklives of civilian employees. The recommendations outlined below are intended to provide broad visibility of the survey findings and to address specific weaknesses identified through analyses of survey data.

Most of the recommendations are also aimed at improving communication within the organization. The contention that communication is key to organizational health and employee satisfaction is common in literature and echoed in the following comments from two authors.

> The organization has an ethical commitment to relay essential information to employees. Employees are fundamental to the success of an organization, so it is 'good business' to keep them informed. A strong communication system also minimizes gossip or 'hearsay' and keeps the facts prominent in the perceptions of the employees and customers/patients. (Lombardi 1991, 32)

> It is not unusual when visiting a health care institution to find indifference and frustration at all levels as a result of employees' being excluded from the planning function and overlooked in the communication network. (Metzger 1990, 52)

I also believe that there can be a beneficial effect on internal command communications resulting from the survey process itself and from future follow-up surveys and studies. By asking employees their opinions and then taking prompt, effective action on resulting recommendations, the command can reemphasize the importance of the civilian workforce on mission accomplishment and reinforce its commitment to the welfare of its civilian workers. Through this process, the command can help maintain motivated and satisfied employees who support and contribute to the command mission and goals.

Recommendation Summaries

Each recommendation is outlined below and immediately followed by a brief discussion of its purpose and potential benefits. The recommendations are necessarily not all inclusive. A number of reasonable, additional recommendations can probably be identified, but I consider those included as key to organizational improvement based on the survey findings. Additional recommendations will likely arise from the planned executive briefing and through publication of summary results throughout the command. Civilian employee involvement in review of the survey findings should also lead to refinement of the recommendations made here, as well as, identification of new proposals.

> ***Recommendation #1:*** Prepare and present a thorough brief to the Executive Steering Council at NHJAX covering an overview of the project, summary discussion of findings, and presentation of concrete recommendations for improvement.

An executive brief for command staff should provide not only a project overview, discussion of the findings, and recommendations, but a formal plan of action and milestones for implementation of recommendations as well. It will be essential to prioritize actions based availability of resources to correct deficiencies, relative ease or difficulty in implementing specific recommendations, and potential benefit/impact on civilian employees and the organization as a whole. Rapid and

appropriate management action on approved changes will help

reassure the survey participants that their participation was

worthwhile and has made a difference in the organization.

    Recommendation #2: Locally retain the survey instrument,
data, and associated statistical analysis for future
reference and comparison.

    Recommendation #3: Repeat the survey process at NHJAX in
approximately one year after approval of project
recommendations.

    Recommendation #4: Make the survey instrument available
for use at other military healthcare facilities and for
potential use by future tri-service U.S. Army-Baylor
University MHA Program administrative residents.

Periodic follow-up surveys can help monitor improvements

implemented as a result of the current assessment, as well as

point out potential new problems before they substantially impact

command operations. An important factor in administering the

survey again at this command or at other military health care

facilities is that a certain amount of data has now been compiled

from one use and comparisons can begin to be made to establish

facility norms (Friedson 1983).

    Recommendation #5: Prepare and display key survey data
graphs and employee comments at NHJAX and its branch
clinics.

One of the most important aspects of survey process is

publishing the results so that participants and others can view

the information collected in some form. Although this paper does

not provide a format suitable for easy review by a wide audience,

summarized portions, simplified graphs and charts, and select

positive and negative survey comments are reasonable alternatives

for publication throughout the command. By itself, the

publication of survey results can be a positive step toward

improving organizational communication and the discussions which

will likely occur can also help focus efforts at the "grassroots"

level to correct identified weaknesses.

Recommendation #6: Establish a command civilian advisory
liaison group to meet regularly with the Commanding
Officer on issues of interest/benefit to the civilian
workforce and NHJAX.

This recommendation is not unique to the author. The

possibility had been suggested to the Commanding Officer at a

civilian employee Captain's Call during the early stages of

project development and, in fact, a Civilian Advisory Committee

(CAC) has been established. The committee, composed of

approximately ten civilian members and the Commanding Officer,

has met several times to establish a charter and by-laws, develop

member training and sub-committee requirements, organize

preliminary goals, and discuss potential interactions with other

command committees. The CAC will function as a conduit for

civilian interaction and involvement at the command. However,

recommendation was still included in this report as reinforcement

of an excellent idea and because a number of survey respondents
commented about creating a civilian liaison position at NHJAX.
I also believe that the CAC should be briefed regarding the
survey findings and recommendations after the command brief for
the Executive Steering Council has been completed.

> ***Recommendation #7:*** Perform a thorough review of the
> staff composition of all standing boards and committees
> at NHJAX with a goal of increasing civilian employee
> membership and participation to at least twenty-five
> percent.

Civilian employees comprise almost **one-third** of the staff
at NHJAX and its six branch clinics (518 of 1675 total staff
members). Civilians are already involved in some board and
committee functions. However, survey responses and written
comments, anecdotal evidence from discussions with staff members,
and my personal experience attending numerous meetings during my
residency all seem to indicate that the current level of
participation by civilian employees is substantially lower than
that of either military officer or enlisted personnel at the
command. A survey respondent summarized this issue in saying:

> The civilians experience is utilized to 'stabilize' the area
> they work in. I don't think the military system is set up to
> give civilians <u>new opportunities</u>. The opportunities all go
> the <u>Navy personnel</u>.

Although I do not believe that it is critical for civilian staff
members to participate in every command function or undertaking,

I do think that their inclusion can help lend stability and a

host of additional ideas and viewpoints to better the

organization.

> *Recommendation #8:* Include one or more civilian
> employees as members of the standing Civilian Performance
> Appraisal Review Committee.

Survey respondents made a number of written comments to

express dissatisfaction with the current performance appraisal

system and associated cash awards or other benefits. One

respondent's comment seemed to aptly summarize this issue:

> As a supervisor I strongly object to the fact that my
> evaluation of my employees can be overridden by the
> [Performance Appraisal Review Committee].....The committee
> members do not "know" my employees, nor do they have the
> insight to determine whether or not they deserve a Level 3, 4
> or 5. If I believe the employee deserves a Level 5 and my
> supervisor concurs, the fact that my decision can be
> overturned means that my supervisory title is bogus--just a
> "figure head" title with no real authority to supervise.

With civilian employees such a large and important staff group at

NHJAX, I believe they should certainly be represented on the

committee that reviews/approves their annual appraisals and

possible performance awards.

(**Note:** Two civilian employees have recently been added to the command's
performance appraisal review committee. In addition, a volunteer group of
civilian staff members, with assistance and support from key military staff,
have been meeting to discuss possible improvements to the civilian performance
appraisal system at the command. A number of very positive recommendations
have been approved for implementation by the Commanding Officer, including
separation of rating assignment and performance awards. During the recent
performance appraisal cycle, no grades were changed by the review committee
from what the employee's supervisor and reviewer submitted.)

Recommendation #9: Add at least one civilian member to the command's Military Awards Board.

Traditionally, membership on command military awards boards has been limited to military members. While there are certainly unique aspects of military duties and award policies, I don't feel that there are necessarily any valid reasons to exclude civilians from membership. Adding at least one civilian member to the existing board at NHJAX may serve to expand civilian employee knowledge of the purpose and policies associated with the awards military members receive. Civilian involvement may also remove some of the "mystique" and possible animosity which seems to surround the process at many military facilities and improve the understanding and participation of civilian employees in the organization.

Recommendation #10: Perform a review/survey of the training history of current civilian supervisors.

Survey participants with military supervisors were significantly more satisfied than those with civilian supervisors on four of the seven survey dimensions (supervision, organizational involvement and communication, equal opportunity, and command support and commitment), as well as on the overall satisfaction scale. While there are likely many reasons for the difference, one possibility may involve the preparation of civilian employees for supervisory roles. A review of the

training which has been completed by current civilian supervisors, especially in comparison to military supervisors, may reveal a lack of applicable supervisory/personnel training courses. In addition, a list of training courses could be compiled to provide additional recommended training for current supervisors and to help prepare those moving up to supervisory positions in the future.

> ***Recommendation #11:*** Department heads should schedule regular meetings with all employees (weekly, if feasible) to help ensure that they are kept abreast of current command and departmental initiatives, goals, and policies.

The overall satisfaction rate of forty-seven percent on the Organizational Involvement and Communication dimension was the second lowest of all survey scales and there were a number of significant rate differences among demographic groups as well. Improved internal communication can benefit the organization and its staff and increase participation by all staff groups. Supervisors can also gain a greater awareness of civilian employee issues and needs through this process.

> ***Recommendation #12:*** Improve the flow of information to non-day shift and branch clinics employees.

Although branch clinic civilian employees were more satisfied on four of the eight survey issues than their hospital

counterparts, their geographic separation from the main hospital and comments on the survey seem to indicate a potential feeling of isolation from command events. In addition, other studies have found that shift workers are often less satisfied than day workers in the same organization as discussed in previous chapters. That finding was supported in this survey with non-day workers expressing significantly lower satisfaction rates on four of the eight survey issues than day shift employees. Comments from two employees seems to summarize the frustration felt by some branch and non-day shift employees:

> [The] hospital doesn't seem to give branch clinics much recognition. Many times we learn of training, events, Captain's Call, etc., too late to attend.

> I work shifts - we are often the last to know what's happening.

I don't believe that knowledge of this problem alone will be sufficient to correct the potential deficiency. A concerted command-wide effort to improve the flow of information to branch and shift workers is needed. This may include such things as evening meetings with employees and executive staff members or department heads, offering evening/night training on selected, key topics, more frequent meetings between branch employees and key hospital staff, and other creative initiatives to increase communication.

Recommendation #13: Identify methods of increasing command involvement and participation of non-supervisory civilian personnel.

Although not unusual, non-supervisory employees were significantly less satisfied on six of the eight issues incorporated in this study than were employees who are supervisors. I believe that one of the reasons for higher satisfaction on the part of supervisors is their generally greater involvement in command functions and programs than that experienced by non-supervisors. Much of this increased involvement is due to the nature of the roles and responsibilities of supervisors. However, there may be opportunities to increase non-supervisor personnel involvement and, at the same time, decrease the demands placed on both military and civilian supervisors. Mid-grade and even junior military personnel are often included in a wide range of command activities which have historically excluded significant civilian employee participation. Opportunities may exist to use civilians in similar roles (e.g., board/committee membership, process action team assignments, etc.).

Recommendation #14: Continue to identify and employ additional opportunities and methods for recognizing civilian employee contributions in the organization.

The Advancement and Recognition scale achieved the lowest overall satisfaction rate of all survey issues. The low rate may

Recommendation #13: Identify methods of increasing command involvement and participation of non-supervisory civilian personnel.

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Recommendation #14: Continue to identify and employ additional opportunities and methods for recognizing civilian employee contributions in the organization.

The Advancement and Recognition scale achieved the lowest overall satisfaction rate of all survey issues. The low rate may

have been in large part due to the lack of advancement and promotion opportunities at the command, but the recognition issue alone still accounted for a satisfaction rate of less than forty-five percent. Although the expressed opinion of only one employee, the following survey comment does express frustration with the type and level of personal recognition at NHJAX.

> The only people who receive awards are people who have saved the command money, period! That's why I no longer go to awards ceremonies. This is also true for military. Docs who <u>save lives</u> and miraculously are not commended. Helping a patient smile means nothing. People don't matter here, money matters.

As previously discussed, the lack of recognition is a significant "dissatisfier" in organizations. Many simple, low cost methods of recognition exist and could be employed to help improve employee morale and reward them for positive accomplishments. Computer electronic mail notes to senior command staff (including the Commanding Officer) by department heads can identify employee accomplishments which can be mentioned while "managing by walking around" or in other appropriate forums and provide greater acknowledgment and appreciation of even "small" achievements. Recent command initiatives have begun to make recognition of the personal efforts of all staff members a command philosophy and goal and should produce higher satisfaction in the future.

Recommendation #15: Establish a time-phased, comprehensive review of civilian positions at NHJAX to identify potential series/grade modifications to provide greater upward mobility.

Although extremely important to civilian employees and potentially of great benefit to the organization, I believe this recommendation may prove to be the most difficult to implement. Civil service position and promotion policies may not allow substantial changes in the current civilian position structure at the command. However, study findings have shown that the chance for reasonable promotion opportunities is one of the most important issues with civilian employees at NHJAX. The following samples of respondent comments echo the significance of this issue:

> Although I love my job, I am looking for another because of the lack of advancement opportunity.

> Dead end jobs make it hard for civilian employees who want to advance in the careers.

> No upward mobility for advancement - dead end job.

Employee retention should be an important focus in any organization, but it may be even more crucial in a military organization where there is frequent turnover of the military staff. Civilian employees are a stabilizing force in the event of military staff transfers and deployments, and provide long-term continuity and corporate memory regarding past initiatives

and activities. Almost any efforts expended to help retain satisfied, competent employees will be beneficial to the command.

Final Observations

As evidenced by the excellent response to the survey and their overall high satisfaction rate, most civilian employees are extremely motivated and want to be involved in improving the organization - their organization. I believe many dedicated, hard-working civilian employees see their work at the Naval Hospital as their career in much the same way as many military members view their role in the Navy. Although positive steps have been implemented over the past two years at NHJAX to improve the work environment for all staff, I believe this study has shown that there are still additional efforts needed. The goal, as in many industries today, should be continuous improvement -- in the opportunities available for civilian employees, their involvement in the organization, recognition of their accomplishments, and concern for their unique needs in contrast to the military staff. The following quote underscores the difficulty of the task, especially in a hospital:

> The complexity of the hospital, lack of goal clarity, and conflicting interests of employee groups are formidable barriers to improving operating effectiveness and the work life within the organization. (Hanlon and Gladstein 1984, 95)

Undoubtedly, however, the civilian workforce at Naval Hospital, Jacksonville, represents a vibrant, integral part of command

operations and overall effectiveness. Their superb efforts, in concert with the remainder of the staff, must be recognized and acknowledged and positive efforts must continue to ensure they are included in organizational strategies, goals, and functions.

APPENDICES

CIVILIAN EMPLOYEE OPINION AND SATISFACTION SURVEY
Naval Hospital, Jacksonville, Florida

This survey is being conducted to assess the perceptions, views, and concerns of Federal civil service employees working at Naval Hospital, Jacksonville, and its branch medical clinics. The information gathered will be used to help identify organizational strengths and opportunities for improvement, and the results will be published to provide you with feedback. Your responses on the survey are confidential and personal identification is not required. The form was reviewed by AFGE Local 696 and the NAS Jacksonville Human Resources Office, and has been approved for distribution by the Commanding Officer. Although participation is voluntary, the form is being distributed to all civil service employees. I hope you will take a few moments to complete and return the survey --- your ideas and opinions are important.

COMPLETING THE SURVEY AND RETURNING THE FORM

1. The survey will take approximately 20-30 minutes to complete. Read each question carefully and mark your response in the space provided.

2. Although some questions may appear to be asking for the same information, each has a specific purpose. Please answer all questions. The last page, Section 3, provides space for additional written comments.

3. Please complete the survey during your regular working hours and return the form as soon as possible. **Do not write or sign your name on the form.**

4. Jacksonville/Mayport Employees: Return by local **guardmail** using the attached, pre-addressed envelope. (NAVHOSPJAX Code 0100B)

5. Georgia Employees: Return by **regular mail** using the attached pre-addressed and stamped envelope. (NAVHOSPJAX Code 0100B)

CONFIDENTIAL *** NO PERSONAL IDENTIFICATION REQUIRED

SECTION 1	
1. Age:	[ ] years
2. Sex:	[ ] Female [ ] Male
3. Marital Status:	[ ] Single [ ] Married
4. Race/Ethnic Background: (check one)	[ ] Asian [.] Black [ ] Hispanic [ ] White [ ] Other
5. Education completed:	[ ] years
6. Prior military service?	[ ] Yes [ ] No
7. Total Federal Civil Service:	[ ] years
8. How long have you worked in this organization?	[ ] years
9. Civilian Pay Grade: (check one)	[ ] 01-04 [ ] 05-08 [ ] 09-12 [ ] 13-15
10. Have you been promoted while in this organization?	[ ] Yes [ ] No
11. Are you a supervisor?	[ ] Yes [ ] No
12. Your immediate supervisor is: (check one)	[ ] Female military [ ] Female civilian [ ] Male military [ ] Male civilian
13. Hospital Directorate assigned to (or Branch Clinic): (check one)	[ ] CO/XO [ ] Administrative (DFA) [ ] Nursing (DNS) [ ] Medical (DMS) [ ] Surgical (DSS) [ ] Ancillary (DAS) [ ] Branch Clinics (DOM)
14. Primary type of work performed: (check one)	[ ] Direct Patient Care [ ] Other
15. Normal work schedule: (check one)	[ ] Days [ ] Other shift(s)

SECTION 2						
Please indicate the extent to which you agree or disagree with each statement by <u>circling</u> the appropriate number	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
16. I have the opportunity to attend training classes related to my job.	5	4	3	2	1	
17. Advancement opportunities are too limited for civilian employees at this command.	5	4	3	2	1	
18. I feel my supervisor handles problems fairly.	5	4	3	2	1	
19. I wish I had the opportunity to participate in more training classes.	5	4	3	2	1	
20. This command is committed to cost-effective operations.	5	4	3	2	1	
21. This organization does not have a fair disciplinary action process.	5	4	3	2	1	
22. My job gives me satisfaction because I have the chance to help other people, whether they are patients or coworkers.	5	4	3	2	1	
23. My supervisor makes poor decisions involving my workcenter.	5	4	3	2	1	
24. Civilian employees are overlooked in this command.	5	4	3	2	1	
25. I often do not hear about changes to policies or procedures.	5	4	3	2	1	
26. I have an equal opportunity to participate in command activities.	5	4	3	2	1	
27. I am unhappy with my job.	5	4	3	2	1	
28. My supervisor encourages free and open communication.	5	4	3	2	1	
29. I am confident that my individual answers will not be identified in this survey.	5	4	3	2	1	
30. Civilian employees do not have an equal chance to attend training.	5	4	3	2	1	
31. I receive support and guidance from my supervisor.	5	4	3	2	1	
32. The command is not committed to my personal growth and advancement.	5	4	3	2	1	
33. My opinion is rarely considered in this organization.	5	4	3	2	1	
34. Civilian employees are appropriately recognized for job accomplishments in this organization.	5	4	3	2	1	
35. I find my work interesting.	5	4	3	2	1	
36. I find it difficult to communicate with my supervisor.	5	4	3	2	1	
37. The training I receive here usually helps me do a better job.	5	4	3	2	1	

SECTION 2 (cont.)					
Please indicate the extent to which you agree or disagree with each statement by <u>circling</u> the appropriate number	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
38. The command does not promote equal opportunity for all employees.	5	4	3	2	1
39. The information from this survey will be used to make this organization a better place to work.	5	4	3	2	1
40. The chain of command is dedicated to providing quality services.	5	4	3	2	1
41. I have a good working relationship with my coworkers.	5	4	3	2	1
42. I usually receive recognition for my work accomplishments.	5	4	3	2	1
43. I wish I had more of a chance to participate as a member of command boards and committees.	5	4	3	2	1
44. My supervisor understands my job requirements.	5	4	3	2	1
45. The performance appraisal and rating system (PARS) is fair at this command.	5	4	3	2	1
46. Civilian employees are viewed as an integral part of this organization.	5	4	3	2	1
47. Civilian employees do not receive a fair share of the awards given for job accomplishments in this organization.	5	4	3	2	1
48. Information is readily available about command goals and directions.	5	4	3	2	1
49. This organization does not give enough attention to the safety of employees.	5	4	3	2	1
50. I have reasonable job promotion and advancement opportunities in this organization.	5	4	3	2	1
51. My supervisor does not treat me with courtesy and respect.	5	4	3	2	1
52. My performance is not judged as fairly as possible in this organization.	5	4	3	2	1
53. I want to know the results of this survey.	5	4	3	2	1
54. I am satisfied with my job.	5	4	3	2	1
55. There is fair distribution of training opportunities among civilian employees.	5	4	3	2	1
56. Command commitment to my personal welfare is lacking.	5	4	3	2	1
57. I have the opportunity to contribute to changes in policy or procedures in my work area.	5	4	3	2	1

SECTION 2 (cont.)					
Please indicate the extent to which you agree or disagree with each statement by <u>circling</u> the appropriate number	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
58. My supervisor does a good job overall.	5	4	3	2	1
59. I am rarely recognized for my work accomplishments.	5	4	3	2	1
60. I spend too much time attending training that is not related to my job.	5	4	3	2	1
61. I think my supervisor makes good decisions.	5	4	3	2	1
62. I feel I have a say in what goes on at this command.	5	4	3	2	1
63. Upper management is involved in employees' concerns.	5	4	3	2	1
64. I enjoy being part of this organization.	5	4	3	2	1
65. This survey is a good way to let management know what I think.	5	4	3	2	1
66. My supervisor does not treat everyone fairly.	5	4	3	2	1
67. My supervisor lets me know when I do a good job.	5	4	3	2	1
68. The on-the-job training I have received has been adequate.	5	4	3	2	1
69. I do not feel my work area is important in the eyes of upper management.	5	4	3	2	1
70. My supervisor lets me know when I do not meet performance standards.	5	4	3	2	1
71. I would have to receive a very good job offer before I would leave my current job.	5	4	3	2	1
72. I have the opportunity to give input for decisions that affect my job.	5	4	3	2	1
73. Military staff at this command are rewarded for their work, but civilians are not.	5	4	3	2	1
74. Training opportunities are not fairly distributed between military and civilian employees in my work area.	5	4	3	2	1
75. This organization promotes teamwork between civilian and military staff members.	5	4	3	2	1
76. I don't think I will see any positive workplace changes as a result of this survey.	5	4	3	2	1
77. Advancement/promotion opportunities are well advertised in this organization.	5	4	3	2	1

SECTION 3

COMMENTS   (Please make any additional comments about positive or negative aspects about your job or the organization, the survey form, suggestions for improvement, or other issues important to you.)

(Continue on reverse)

FINAL SURVEY SCALES BY ASSESSMENT ISSUE

Issue 1 - Job Satisfaction

1. My job gives me satisfaction because I have the chance to help other people, whether they are patients or coworkers.
2. I am unhappy with my job.
3. I find my work interesting.
4. I have a good working relationship with my coworkers.
5. I am satisfied with my job.
6. I enjoy being part of this organization.
7. I would have to receive a very good job offer before I would leave my current job.

Issue 2 - Character and Quality of Supervision

1. I feel my supervisor handles problems fairly.
2. My supervisor makes poor decisions involving my workcenter.
3. My supervisor encourages free and open communication.
4. I receive support and guidance from my supervisor.
5. I find it difficult to communicate with my supervisor.
6. My supervisor understands my job requirements.
7. My supervisor does not treat me with courtesy and respect.
8. My supervisor does a good job overall.
9. I think my supervisor makes good decisions.
10. My supervisor does not treat everyone fairly.
11. My supervisor lets me know when I do not meet performance standards.

Issue 3 - Advancement and Recognition

1. Advancement opportunities are too limited for civilian employees at this command.
2. Civilian employees are appropriately recognized for job accomplishments in this organization.
3. I usually receive recognition for my work accomplishments.
4. Civilian employees do not receive a fair share of the awards given for job accomplishments in this organization.
5. I have reasonable job promotion and advancement opportunities in this organization.
6. I am rarely recognized for my work accomplishments.
7. My supervisor lets me know when I do a good job.
8. Military staff at this command are rewarded for their work, but civilians are not.
9. Advancement/promotion opportunities are well advertised in this organization.

Appendix B

FINAL SURVEY SCALES BY ASSESSMENT ISSUE (cont.)

Issue 4 - Organizational Involvement and Communication

1. I often do not hear about changes to policies or procedures.
2. My opinion is rarely considered in this organization.
3. I wish I had more of a chance to participate as a member of command boards and committees.
4. Information is readily available about command goals and directions.
5. I have the opportunity to contribute to changes in policy or procedures in my work area.
6. I feel I have a say in what goes on at this command.
7. I have the opportunity to give input for decisions that affect my job.

Issue 5 - Equal Opportunity

1. This organization does not have a fair disciplinary action process.
2. I have an equal opportunity to participate in command activities.
3. The command does not promote equal opportunity for all employees.
4. The performance appraisal and rating system (PARS) is fair at this command.
5. My performance is not judged as fairly as possible in this organization.

Issue 6 - Training

1. I have the opportunity to attend training classes related to my job.
2. I wish I had the opportunity to participate in more training classes.
3. Civilian employees do not have an equal chance to attend training.
4. The training I receive here usually helps me do a better job.
5. Their is a fair distribution of training opportunities among civilian employees.
6. I spend too much time attending training that is not related to my job.
7. The on-the-job training I have received has been adequate.
8. Training opportunities are not fairly distributed between military and civilian employees in my work area.

FINAL SURVEY SCALES BY ASSESSMENT ISSUE (cont.)

Issue 7 - Command Support and Commitment

1. This command is commited to cost-effective operations.
2. Civilian employees are overlooked in this command.
3. The command is not committed to my personal growth and advancement.
4. The chain of command is dedicated to providing quality services.
5. Civilian employees are viewed as an integral part of this organization.
6. This organization does not give enough attention to the safety of employees.
7. Command commitment to my personal welfare is lacking.
8. Upper management is involved in employees' concerns.
9. I do not feel my work area is important in the eyes of upper management.
10. This organization promotes teamwork between civilian and military staff members.

Additional Non-Scale Questions Regarding SURVEY USEFULNESS
1. I am confident that my individual answers will not be identified in this survey.
2. The information from this survey will be used to make this organization a better place to work.
3. I want to know the results of this survey.
4. This survey is a good way to let management know what I think.
5. I don't think I will see any positive workplace changes as a result of this survey.

From: LCDR Steve Nichols, Baylor Administrative Resident
To: _____

Subj: EXPERT PANEL SURVEY SCALE CONTENT VALIDATION

Encl: (1) Survey Issue 1 - Job Satisfaction

>   (**NOTE:** Other enclosures for the additional survey
>   issues were excluded from this appendix. Format was
>   similar for each extra page)

1. As a graduate project, I am conducting a Civilian Employee
Opinion and Satisfaction Survey at Naval Hospital, Jacksonville.
The eight broad issue areas included in the study are listed in
the enclosures along with groups of statements (or scale)
intended to assess opinions and attitudes about those issues. On
the actual survey form, the statements will be randomly ordered
and participants will be asked to respond to each one on a 5-
point Likert scale (strongly agree to strongly disagree).

2. You are being asked to participate as a member of an expert
panel to help verify the validity of the questions to be used in
the survey process. (Note: Reliability will be assessed during
a presurvey pilot test.) Each member will complete their review
independently and I will consolidate and analyze your responses
to determine which statements may need to be deleted from the
survey instrument.

>   **Instructions:** Carefully read each statement and decide
>   whether or not you believe the statement is a realistic
>   measure of the particular issue in question, then check "Yes"
>   or "No" for each item, as appropriate. In addition, please
>   make any relevant comments in the space provided at the end
>   of each page (e.g., recommended wording changes, additional
>   items, etc.).

3. Please do not discuss the proposed survey with others since
representatives of the local HRO and the AFGE union have not been
briefed yet. Final approval and distribution of the survey forms
is expected in Jan-Feb 1994.

                        S. M. NICHOLS

                                            Appendix C

<u>Issue 1 - Job Satisfaction</u>

<u>YES</u>   <u>NO</u>

[   ] [   ]   1. My work is not very challenging.

[   ] [   ]   2. I have too much work to do each day.

[   ] [   ]   3. My job gives me the chance to help other
              people.

[   ] [   ]   4. I am unhappy with my job.

[   ] [   ]   5. I find my work interesting.

[   ] [   ]   6. I am satisfied with my job.

[   ] [   ]   7. I rarely get behind in my work.

[   ] [   ]   8. I enjoy being part of this organization.

[   ] [   ]   9. When I have a problem at work, I cannot get
              it solved.

[   ] [   ]   10. I would have to have a very good job offer
              before I would leave this organization.

<u>Comments</u>:

MEMORANDUM

From: Baylor Administrative Resident
To: Directors (Codes 01, 02, 03, 04, 05, 08)

Subj: CIVILIAN EMPLOYEE PRESURVEY PILOT TEST

Ref: (a) GMP Project Brief to ESC NAVHOSPJAX of 13 Dec 93

Encl: (1) Presurvey Pilot Test forms and guardmail envelopes

1. As discussed during reference (a), a presurvey pilot test must be completed before the formal "Civilian Employee Opinion and Satisfaction Survey" can be accomplished. Your assistance is requested in distributing enclosure (1) to civilian employees in your directorate.

2. Please select employees who meet the demographic criteria outlined below and brief them about the purpose of the pilot survey. The selected employees should be instructed to complete and return the survey form as soon as possible.

DIR	Male Supv Admin	Male Non-Sup Admin	Male Non-Sup Pt Care	Female Supv Admin	Female Non-Sup Admin	Female Non-Sup Pt Care
01	1	2		1	5	
02					1	2
03					2	
04		1			1	1
05		1	1		1	
08		1			2	2

3. Questions can be addressed to me at Ext. 7585 or by CHCS E-Mail (Nichols,Steven M).

                        S. M. NICHOLS

                                        Appendix D

DESCRIPTIVE STATISTICS FOR SURVEY RESPONSES
Number of valid observations = 357

Demographic Variables

Variable	Mean		Std Dev	Variance	Range	Minimum	Maximum
Age	43.89	yrs	8.60	74.02	49.00	23.00	72.00
Gender							
Female/Male	.75		.44	.19	1.00	.00	1.00
Marital Status							
Single/Mar	.27		.44	.20	1.00	.00	1.00
Race/Ethnic							
Asian	.06		.25	.06	1.00	.00	1.00
Black	.17		.37	.14	1.00	.00	1.00
Hispanic	.03		.18	.03	1.00	.00	1.00
Other	.02		.14	.02	1.00	.00	1.00
White	.72		.45	.20	1.00	.00	1.00
Education	14.09	yrs	2.16	4.65	16.00	9.00	25.00
Prior Military							
Yes/No	.39		.49	.24	1.00	.00	1.00
Civil Serv	10.76	yrs	7.02	49.31	47.00	1.00	48.00
Employment	5.93	yrs	4.91	24.06	27.00	1.00	28.00
Pay Grade							
01-04	.33		.47	.22	1.00	.00	1.00
05-08	.39		.49	.24	1.00	.00	1.00
09-12	.27		.44	.20	1.00	.00	1.00
13-15	.01		.12	.01	1.00	.00	1.00
Promoted							
Yes/No	.47		.50	.25	1.00	.00	1.00
Supervisor							
Yes/No	.13		.34	.11	1.00	.00	1.00
Immediate Supervisor							
Female/Male	.51		.50	.25	1.00	.00	1.00
Military/Civ	.61		.49	.24	1.00	.00	1.00
Work Area							
CO/XO	.05		.21	.05	1.00	.00	1.00
Admin	.36		.48	.23	1.00	.00	1.00
Nursing	.16		.36	.13	1.00	.00	1.00
Medical	.09		.29	.08	1.00	.00	1.00
Surgical	.06		.24	.06	1.00	.00	1.00
Ancillary	.09		.29	.08	1.00	.00	1.00
Branch	.19		.39	.15	1.00	.00	1.00
Type of Work							
Pt Care/Other	.27		.45	.20	1.00	.00	1.00
Work Schedule							
Days/Other	.85		.36	.13	1.00	.00	1.00

Appendix E

Survey Issue Questions

Variable	Mean	Std Dev	Variance	Range	Minimum	Maximum
Q16	3.44	1.23	1.52	4.00	1.00	5.00
Q17	1.88	1.13	1.27	4.00	1.00	5.00
Q18	3.52	1.28	1.63	4.00	1.00	5.00
Q19	2.02	.96	.92	4.00	1.00	5.00
Q20	3.47	1.07	1.14	4.00	1.00	5.00
Q21	2.91	.99	.98	4.00	1.00	5.00
Q22	4.02	1.03	1.06	4.00	1.00	5.00
Q23	3.39	1.30	1.70	4.00	1.00	5.00
Q24	2.60	1.16	1.35	4.00	1.00	5.00
Q25	2.65	1.16	1.34	4.00	1.00	5.00
Q26	3.35	1.11	1.23	4.00	1.00	5.00
Q27	3.63	1.27	1.61	4.00	1.00	5.00
Q28	3.60	1.28	1.63	4.00	1.00	5.00
Q29	3.58	1.04	1.07	4.00	1.00	5.00
Q30	2.90	1.20	1.44	4.00	1.00	5.00
Q31	3.43	1.26	1.58	4.00	1.00	5.00
Q32	2.65	1.10	1.21	4.00	1.00	5.00
Q33	2.84	1.12	1.26	4.00	1.00	5.00
Q34	2.74	1.16	1.33	4.00	1.00	5.00
Q35	3.99	1.01	1.03	4.00	1.00	5.00
Q36	3.53	1.30	1.70	4.00	1.00	5.00
Q37	3.36	1.05	1.11	4.00	1.00	5.00
Q38	2.96	1.19	1.42	4.00	1.00	5.00
Q39	3.23	.98	.95	4.00	1.00	5.00
Q40	3.47	.93	.87	4.00	1.00	5.00
Q41	4.12	.85	.73	4.00	1.00	5.00
Q42	2.97	1.20	1.45	4.00	1.00	5.00
Q43	2.76	.96	.92	4.00	1.00	5.00
Q44	3.62	1.17	1.36	4.00	1.00	5.00
Q45	2.88	1.25	1.56	4.00	1.00	5.00
Q46	3.18	1.06	1.13	4.00	1.00	5.00
Q47	2.59	1.11	1.24	4.00	1.00	5.00
Q48	3.23	.99	.97	4.00	1.00	5.00
Q49	3.69	1.00	1.00	4.00	1.00	5.00
Q50	2.26	1.14	1.31	4.00	1.00	5.00
Q51	3.92	1.22	1.49	4.00	1.00	5.00
Q52	3.15	1.29	1.67	4.00	1.00	5.00
Q53	4.34	.92	.85	4.00	1.00	5.00
Q54	3.67	1.08	1.17	4.00	1.00	5.00
Q55	2.79	1.13	1.28	4.00	1.00	5.00
Q56	2.94	1.06	1.12	4.00	1.00	5.00
Q57	3.16	1.20	1.43	4.00	1.00	5.00
Q58	3.64	1.22	1.49	4.00	1.00	5.00
Q59	2.97	1.21	1.47	4.00	1.00	5.00
Q60	3.83	.99	.98	4.00	1.00	5.00
Q61	3.44	1.18	1.39	4.00	1.00	5.00
Q62	2.62	1.05	1.11	4.00	1.00	5.00
Q63	2.79	1.10	1.21	4.00	1.00	5.00
Q64	3.76	.86	.74	4.00	1.00	5.00
Q65	3.80	.93	.86	4.00	1.00	5.00
Q66	3.34	1.35	1.82	4.00	1.00	5.00
Q67	3.28	1.26	1.59	4.00	1.00	5.00
Q68	3.28	1.06	1.12	4.00	1.00	5.00
Q69	3.15	1.22	1.48	4.00	1.00	5.00
Q70	3.55	.96	.93	4.00	1.00	5.00
Q71	3.66	1.19	1.42	4.00	1.00	5.00
Q72	3.23	1.14	1.29	4.00	1.00	5.00
Q73	2.83	1.09	1.20	4.00	1.00	5.00

Survey Issue Questions (cont.)

Variable	Mean	Std Dev	Variance	Range	Minimum	Maximum
Q74	2.90	1.10	1.20	4.00	1.00	5.00
Q75	3.16	1.16	1.34	4.00	1.00	5.00
Q76	2.63	.96	.93	4.00	1.00	5.00
Q77	2.66	1.14	1.31	4.00	1.00	5.00

Scale Scores and Coding

	Mean	Std Dev	Variance	Range	Minimum	Maximum
Issue 1	26.85	5.17	26.75	25.00	10.00	35.00
Issue 2	38.97	11.24	126.32	44.00	11.00	55.00
Issue 3	24.18	6.55	42.91	31.00	9.00	40.00
Issue 4	20.49	4.89	23.87	28.00	7.00	35.00
Issue 5	15.25	4.02	16.17	20.00	5.00	25.00
Issue 6	24.51	5.87	34.43	27.00	10.00	37.00
Issue 7	31.11	7.02	49.30	38.00	12.00	50.00
Satisfied						
1. Yes/No	.85	.36	.13	1.00	.00	1.00
2. Yes/No	.73	.45	.20	1.00	.00	1.00
3. Yes/No	.31	.46	.21	1.00	.00	1.00
4. Yes/No	.47	.50	.25	1.00	.00	1.00
5. Yes/No	.52	.50	.25	1.00	.00	1.00
6. Yes/No	.53	.50	.25	1.00	.00	1.00
7. Yes/No	.55	.50	.25	1.00	.00	1.00

REFERENCE LIST

Alpander, G. G. 1985. Factors influencing hospital employee motivation: A diagnostic instrument. <u>Hospital and Health Services Administration</u>. 30 (Mar-Apr): 67-83.

Alreck, P. L., and R. B. Settle. 1985. <u>The survey research handbook</u>. Richard D. Irwin: Homewood, IL.

Beaty, D. 1990. Re-examining the link between job characteristics and job satisfaction. <u>Journal of Social Psychology</u>. 130 (Feb): 131-2.

Butler, M. C., and S. B. Ehrlich. 1991. Positional influences on job satisfaction and job performance: A multivariate, predictive approach. <u>Psychological Reports</u>. 69 (Dec): 855-65.

Chase, P. 1985. Ten nonmonetary motivators. <u>Topics in Hospital Pharmacy Management</u>. 5 (Aug): 7-18.

Cooper, M. R. 1982. Warning: Traditional employee attitude surveys don't work. <u>Management Review</u>. 71 (Aug): 56-7.

Davidhizar, R. 1991. The employee who complains. Understanding and responding to staff complaints. <u>Hospital Topics</u>. 69 (Fall): 16-9.

Davidson, W. L. 1979. <u>How to develop and conduct successful employee attitude surveys</u>. The Dartnell Corporation: Chicago.

DeVaus, D. A. 1986. <u>Surveys in social research</u>. George Allen & Unwin Ltd: London.

Eubanks, P. 1990. Effective employee surveys require commitment to change. <u>Hospitals</u>. 64 (Oct 20): 52, 54-55.

_____. 1991. Employee suggestion programs boost morale and bottom line. <u>Hospitals</u>. 65 (May 20): 46-47.

_____. 1991a. Night shift should share hospital's goals. <u>Hospitals</u>. 65 (Jun 5): 54.

Featherston, H. J., and R. J. Bednarek. 1981. A positive demonstration of concern for employees: A two-year analysis of one hospital's employee assistance program." Personnel Administration. 26 (Sep): 43-44, 47.

Felty, K. 1981. Employee opinion surveys: Ask them what they think. Texas Hospitals. 37 (Dec): 18.

Fitzgerald, P. E. Jr. 1984. Worker perceptions: The key to motivation. Health Care Supervisor. 3 (Oct): 13-18.

Fonvielle, W. H. 1982. Making employee surveys work for your organization. Management Review. 71 (Apr): 47-54.

Friedson, A. S. 1983. The legality of employee attitude surveys in union environments. Employee Relations Law Journal. 8 (Spring): 648-69.

Goode, C. J., V. Ibarra, M. A. Blegen, J. Anderson-Bruner, T. Boshart-Yoder, E. Cram, L. Finn, R. Mills, and C. Winter. 1993. What kind of recognition do staff nurses want? American Journal of Nursing. 93 (May): 64, 66-68.

Hamilton, J. M. P. 1985. Surveys help diagnose organizational illness. Health Care (Don Mills). 27 (Feb): 49-50.

Hanlon, M. D., and D. L. Gladstein. 1984. Improving the quality of work life in hospitals: A case study. Hospital and Health Services Administration. 29 (Sep-Oct): 94-107.

Health Services Manager. 1980. What Motivates employees? 13 (May): 9.

Holdnak, B. J., J. Harsh, and S. C. Bushardt. 1993. An examination of leadership style and its relevance to shift work in an organizational setting. Health Care Management Review. 18 (Summer): 21-30.

Hudak, R. P., P. Brooke, and K. Finnstuen. 1993. Health care administration in the year 2000: Practitioners' views of future issues and job requirements. Hospital and Health Services Administration. 38 (Summer): 181-195.

Kazemek, E. A., and B. Shomaker. 1990. Reducing turnover can bring bottom line results. Healthcare Financial Management. 44 (Aug): 80.

Kerlinger, F. N. 1986. Foundations of behavioral research. 3d ed. Holt: New York.

Kirsch, J. C. 1990. Staff development opportunity and nurse job satisfaction, organizational commitment, and intent to remain in the organization. Implications for staff development. Journal of Nursing Staff Development. 6 (Nov-Dec): 279-82.

Larsen, A. K. 1993. Employee recognition. A working model to enhance job satisfaction. AORN Journal. 57 (Apr): 909-12.

Lombardi, D. N. 1991. Ethics and the organizational human resources strategy: Part II." Clinical Laboratory Management Review. 5 (Jan-Feb): 31-39.

MacRobert, M., J. A. Schmele, and R. Henson. 1993. An analysis of job morale factors of community health nurses who report a low turnover rate. The research. Journal of Nursing Administration. 23 (Jun): 22-28.

McConnell, C. R. 1987. Making upward communication work for your employees: Processes and people, with emphasis on people (3). Health Care Supervisor. 5 (Jan): 71-80.

Metzger, N. 1990. Addressing employee needs in the 1990s. Hospital Materiel Management Quarterly. 11 (May): 49-56.

Nees, M. 1981-82. Employee surveys can help solve problems as well as identify them. Hospital Management Quarterly. (Fall-Winter): 13-15.

Nystrom, P. C. 1993. Organizational cultures, strategies, and commitments in health care organizations. Health Care Management Review. 18 (Winter): 43-49.

Powers, J. M. 1993. No longer destined to eat their young: Satisfaction among Army Family Practice faculty. Military Medicine. 158 (Jan): 32-37.

Richer, S. G., and D. M. Weiss. 1988. Employee suggestion programs in nonprofit hospitals. Health Care Management Review. 13 (Summer): 59-65.

Savage, S., L. M. Simms, R. A. Williams, and M. Erbin-Roesemann. 1993. Discovering work excitement among Navy nurses. Nursing Economics. 11 (May-Jun): 153-161.

Scott, L. 1993. Don't keep employees in the dark, execs told. Modern Healthcare. 23 (Nov 22): 73.

Slote, L. M. 1983. Taking the staff's pulse. Hospitals. 57 (Mar 1): 80-84.

Sherer, J. 1993. Workers cite senior managers' low visibility.
    Hospitals. 67 (Apr 5): 48.

Sneed, J., and C. M. Herman. 1990. Influence of job
    characteristics and organizational commitment on job
    satisfaction of hospital foodservice employees. _Journal of
    the American Dieticians Association_. 90 (Aug): 1072-76.

Turnipseed, D. L. 1990. Evaluation of health care work
    environments via a social climate scale: Results of a field
    study. _Hospital and Health Services Administration_. 35
    (Summer): 245-62.

Wymer, W. E., and J. A. Parente. 1991-92. Employee surveys: What
    employers are doing and what works. _Employee Relations
    Today_. 18 (Winter): 477-84.